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ORIGINAL ARTICLES.

WHAT RELATIONSHIP HAS CHRONIC NEPHRITIS TO PULMONARY TUBERCULOSIS?

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WHEN a person has suffered in early life from all of the symptoms of pulmonary tuberculosis, the progress of which was soon arrested or aborted, leaving behind no sufficient physical signs to indicate its former existence, and he afterward lives apparently a comfortable and healthy life for a long period, dying later of chronic nephritis we are naturally inclined to wonder at the circumstance, to look for the cause of the transition from the one to the other, and to think that there must have been some connection between the two diseases, or that the one was the sequence of the other. It is in this sense that I view the relationship of chronic nephritis to pulmonary tuberculosis, and I give the following cases in illustration of my meaning:

A medical student, with no especial family history of pulmonary disease, was during youth sparingly built and delicate. He had a cough and frequent slight hemorrhages from the lungs, during his medical pupilage, and every symptom pointed to early incipient pulmonary tuberculosis. After graduation, his condition growing markedly worse, he was compelled to seek outdoor exercise and fresh air by horseback-riding, seeing his patients on horseback, and under treatment he gradually improved in general health, the hemorrhages ceased, all the physical signs abated or disappeared, and toward his fortieth year he became quite stout, weighing about one hundred and sixty-five pounds, and seemed quite robust, giving his friends no further uneasiness on account of any tuberculous tendency. At about his forty-seventh year, symptoms of nephritic trouble began to reveal themselves, with increased flow of urine, albuminuric retinitis, and loss of sight of the left eye and impaired sight in the right, palpitation and irregular action of the heart, and dyspnea; and his urine was loaded with albumin and granular and fatty casts. How long this condition had lasted could not be ascertained. His friends were first apprised of it by his loss of sight, and the ophthalmoscope revealed its true nature. Knowing his condition he refrained from speaking of it, as he well knew the fatal issue. He continued to attend to his practice until about a month before his death, when he took advice and gave up all business. His symptoms grew rapidly worse, the secretion of urine

almost ceased, convulsions came on, in one of which he died, at the age of fifty years. At no time was there any evidence of dropsy.

The second case was that of a man, a civil engineer by profession, with a history of tuberculosis in some portions of his family. So far as he knew there had been no cases of kidney-disease in his family. He was not particularly strong during youth and maturity, but finished his time in learning his profession without serious difficulty. At twenty-two years of age he began to cough and expectorate, and occasionally spat blood, amounting sometimes to slight hemorrhage. He lost appetite and flesh and had night-sweats. Auscultation and percussion revealed a limited area of dulness at the left apex, with moist râles. He was advised to spend the winter in the South, to be out in the open air as much as possible, with moderate exercise on horseback, if possible, and to have a certain amount of treatment. On his return, after an absence of three or four months, his condition had greatly improved, and he was able to resume his occupation. In the course of the next five years he gradually gained in health, and at the end of that time had apparently recovered from his lung-trouble. The area affected had seemingly not extended, and the examination showed what was possibly a mere cicatrix of the former diseased portion. In his thirty-second year, he had pain in the back, of a gnawing, disagreeable character, with blinding headaches and stiffness of the calves of the legs, and great despondency. On examination he was found to have albumin and granular casts in his urine, but not to any great extent; the diagnosis was chronic nephritis. His trouble increased during the next three years, preventing his continuous attention to business, at the end of which period he died in a state of uremic coma, in his thirty-fifth year. He had occasionally edema of the lids and cheeks and stiffness of the calves, but no distinct dropsy was observed at any time during his illness.

The third case was that of a man of extensive business habits and great energy. He had a decided family history of pulmonary tuberculosis, which he always feared. During his youth and early manhood he was tall and spare and inclined to stoop. At about his twenty-fifth year, while dancing at an evening entertainment, he suddenly felt a free gush of hemorrhage from the lungs. He felt sick and alarmed, went home, and made up his mind that he was about to die, but by advice he began treatment. He walked and rode a great deal, and was much of his time in the open air. The hemorrhages stopped after a few months, and gradually the lung-affection ceased to occasion any uneasiness, and there was left at the end of the next three years only a slight dul-

ness at the right apex and some dry bronchial breathing, somewhat cavernous. He became stout in his thirtieth year and seemingly strong, and was able to attend to his large business interests. He was not aware of any kidney-disturbance until about his fiftieth year, when he became convinced that something was wrong. He began to drink mineral waters recommended to him, and went several times to the Springs, but with varying results. He went on in this uncertain way for nearly two years, losing much time from business, often not able to attend to any. On examination he was found to have chronic nephritis in the form of contracted or cirrhotic kidney, the progress of which had been slow and had continued for probably ten years. During the last few years of his life he had variable health, but it rapidly declined toward the last, and he died in uremic coma, at the age of fifty-nine years, no dropsey having been discovered at any time.

I am not aware that any extended notice has been taken with reference to the relationship of chronic nephritis to tuberculous disease of the lungs. Pulmonary tuberculosis has frequently been observed as a complication of chronic nephritis, and the latter is often seen as an associated condition, and also as a result of certain wasting diseases, such as scrofula, caries, necrosis, syphilis, and general tuberculosis; but as to the causal relation of the two affections, to the etiologic significance of those things that bear equally and alike upon either or both—in the sense that, while each may be an independent affection, both are each subject to the same etiologic factors—this view of the subject seems to have been in a measure overlooked, or perhaps passed by as a subject not promising any especial compensating results. While these complications may exist—chronic nephritis with tuberculosis, and tuberculosis with chronic nephritis—it is also true that tuberculosis of the kidney may occur alone, as the result of general miliary deposit, or independently of disease of the lungs, just as tuberculous disease of the lungs may be confined entirely to those organs without complications in other organs.

It often happens that disease of the kidneys—chronic nephritis—is not discovered in persons dying from tuberculosis of the lungs until a post-mortem examination is made; during life, examination of the urine of patients suffering from tuberculous disease of the lungs will frequently disclose the existence of chronic nephritis, which had not previously been suspected. It is in the sense therefore of total independence of the two affections and total distinction as to locality, and yet governed by the same law of contact and development, and placed in the same etiologic category, that I use the words relationship of chronic nephritis to pulmonary tuberculosis; and based upon this as a predicate, I would say that either chronic nephritis or tuberculous disease of the lungs may occur in a subject predis-

posed, or by contact; that the exciting cause may alight upon either the lungs or kidneys indiscriminately, whichever at the time may be the most vulnerable, just as one may have from the same exposure a tonsillitis, or an articular rheumatism, or a peritonitis, or dysentery.

I have often thought of the subject in this light, and from frequent clinical experience or observation, I have been strongly impressed with the thought that some such connection exists. Of course, this connection would be difficult of proof or demonstration, but not more so than many other problems in medicine—not harder than the distinction of tuberculosis of the lungs itself or its therapy, or the true pathology of diseases of the kidneys. We know that these affections are accompanied by certain signs and symptoms, are of certain or uncertain course during life, and reveal certain anatomic changes after death; beyond this we know comparatively nothing. Why the bronchioles, air-cells, and parenchyma of the lungs should be attacked by a particular form of inflammation of a destructive character, with a particular kind of suppuration in which bacilli are found, and why the tubules, vessels, glomeruli, Malpighian tufts, and cortical substance of the kidneys should be the subject of another peculiar inflammatory process of an equally destructive nature, the chief characteristics of the discharge from which are albumin and certain tubular, granular, fatty, or waxy casts, cannot be said to be "in a nutshell," or explained in a few words. And it is just as probable, if bacilli are the cause of pulmonary tuberculosis, that chronic nephritis, "consumption of the kidneys," may have the same or similar origin, for it is just as probable that bacilli could have ingress by way of the alimentary tract, through the circulatory channels, and find a lodgment in the kidneys, as that bacilli should find their way to the lungs by way of the respiratory apparatus. Whether the bacilli are the same is another question. Tubercl bacilli have been discovered, but I am not sure if bacilli have been found in the kidneys or its discharges, or, indeed, whether any attempt has been made to find them, or even if attention has been directed that way.

Grainger Stewart says, in his *Treatise on Bright's Disease of the Kidneys*, under the head of Causal Complications: Tubercl of the lungs (he says he employs tuberculosis in the old sense, as including all the forms of "phthisis," and not in the more accurate sense now generally recognized) existed in about one-half of all the cases of waxy kidney which I have examined in the Infirmary; tubercle of the intestines in about 18 per cent. In a very considerable proportion of these cases it appeared that tuberculosis was the cause of the renal disease. When we analyze, he says, the relationship more closely

we find that tubercle of the lungs was especially associated with the earlier stages; for, of those fatal in the first stage it was present in 66 per cent.; of those in the second, in 60 per cent.; and of those in the third, in 35 per cent. When we compare, he continues, this with what we find in other forms of renal disease, the relationship between tubercle and the waxy degeneration becomes manifest, for, with the inflammatory forms it was present only in 7 per cent.; with the contracting, in 23 per cent.

These post-mortem examinations were made with reference to, and mainly to discover the extent of, the renal lesions following fatal cases of chronic nephritis and only incidentally that of the pulmonary disease. It is more than probable that if such systematic investigations were made in all cases dying from pulmonary tuberculosis, in a majority of them, doubtless, extensive lesions of the kidneys would be found, showing a certain amount of changeability or compensating action, which would be very remarkable, and which, so far, has not been accounted for. It shows, however, that this conjoint or conjugate pathologic condition is common if not general—much more so, indeed, than has been supposed or admitted; and if this changeability is proved or admitted, then a common bacillary origin must also be admitted. And the question that would chiefly concern this inquiry would be whether the same morbid material, whether bacillus or other infection, missing the lungs in its ingress, can pass on and set up in the kidneys the same pathologic process, produce an organic lesion such as it would have developed if it had obtained a lodgment in the lungs, or if the same lesion, having been eradicated from the lungs, is capable of being fully reproduced in the kidneys. I know of no answer to these questions from present knowledge. Clinically speaking, we make a wide difference in the treatment of the two afflictions—chronic nephritis and pulmonary tuberculosis—we treat them as quite distinct and separate diseases, and from very different standpoints, and without reference to any apparent similarity, either in origin or symptoms. The question would come up later, whether or not we should employ the same therapeutics for both diseases, and what would be the result of such treatment.

RECENT ADDITIONS TO THE MATERIA MEDICA.

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IN preparing this review of the more recent additions to the *materia medica*, the main difficulty has consisted rather in the selection, out of the embarrassment of material at hand, of those remedies that have been proved of real worth, than in any lack of material from

which to draw. Care has been taken, so far as was possible, to throw aside all drugs of doubtful merit, in order that room might be given to those that experimental and clinical therapeutics have demonstrated to be valuable acquisitions to the *materia medica* of the day. Following in the wake of the rapid strides that are being made in organic chemistry, these newer remedies are necessarily largely synthetic in character. Only a few are the result of botanic research.

ANTISEPSIN. $C_6H_4BrNHC_2H_3O$. Para-mon-brom-phenyl-acetamide, or bromated antifebrin, occurs as tasteless, odorless crystals, melting at 328° F., insoluble in cold water, and with difficulty soluble in hot water, slightly soluble in glycerin, but readily so in alcohol and ether. In large doses it gives rise to evanescent cyanosis, and will produce death by paralysis of respiration. Applied to wounds and ulcers in the form of a powder, rapid improvement ensues, the granulations flattening and cicatricial centers appearing, with relief of pain and itching. In its analgesic action it resembles antifebrin. It is also an antipyretic. *Dose*—one grain, four times daily. *Antipyretic, analgesic.*

ANTITHERMIN. $C_6H_5N_2HC — (CH_3) — CH_2COOH$. Phenylhydrazin-levulinic acid, a coal-tar derivative, allied to antipyrin, but feebler in action, is prepared by the direct combination of phenylhydrazin with aceto-propionic acid. It occurs as colorless crystals, insoluble in water, and with difficulty soluble in alcohol. It has been found to reduce temperature by diminution of heat-production with increased heat-dissipation, but its administration is likely to give rise to gastralgia; hence it is not much used. *Dose*—from 4 to 8 grains, in pill or wafer. *Antipyretic, analgesic, antiseptic.*

ASEPTOL. $C_6H_5OHSO_3OH$. Sulphocarboxylic acid, orthophenol, sulphonic acid, sozolic acid, or sulphobenzoic acid, as it is variously termed, is prepared by the direct combination of carbolic acid and concentrated sulphuric acid. It occurs as a heavy, syrupy, reddish liquid, with an astringent taste and a slight odor of phenol, an acid reaction and a specific gravity of 1.400. It crystallizes in small deliquescent needles, which are very soluble in water, alcohol, and glycerin; a 33 per cent. solution is recommended in preference to carbolic acid as an antiseptic, being less caustic than the latter, and hardly at all toxic. Tucker regards it as a weaker antiseptic than carbolic acid. A 3 per cent. solution has been recommended in gingivitis and pyorrhea; under its action the swelling is reduced, the flow of pus arrested, and the gums restored to their natural condition. It may be advantageously employed for some time in afflictions of the skin, eye, and bladder. Internally it may be exhibited in relatively large doses in the treatment of pharyngitis and diphtheritic laryngitis. *Dose*—internally Vigier employs a lemonade in the proportion of a dram and a half of aseptol to a quart of water; externally, a solution of from 1 to 10 per cent. *Antiseptic.*

BENZO-NAPHTHOL OR NAPHTHOL-BETA BENZOATE. $C_{10}H_7O(C_6H_5O)$ is prepared by combining benzoic acid with naphthol-beta, and occurs as a whitish, crystalline, odorless, and tasteless powder, melting at 110° C., almost insoluble in water at ordinary temperature, very slightly soluble in ether, more so in alcohol, and readily soluble in chloroform. It has but slight toxic effects, and its antiseptic properties are comparable with those of any other

substance in use as an intestinal antiseptic. In the body it is broken up into naphthol-beta, which remains in the intestinal tract, and benzoic acid, which is eliminated in the urine after having formed alkaline hippurates. It favors diuresis and markedly diminishes urinary toxicity. Burton has used it with marked benefit in typhoid fever and tuberculous bowel-ulceration. *Dose*—daily 75 grains to an adult, 30 grains to a child, administered in from 2 to 8 grain doses in a cachet or suspended in a vehicle. *Intestinal antiseptic.*

BENZOSOL, $(O.COC_6H_5)C_6H_4(O.CH_3)$. Benzoyl-guaia-col, which is prepared from guaiacol, is an agreeable and harmless substitute for creosote in tuberculous affections. It occurs as a white crystalline powder, tasteless, with a faint bitter-almond odor, almost insoluble in water, soluble in ether and chloroform. It is decomposed in the digestive tract into guaiacol and benzoic acid, and the former is eliminated in the urine and saliva within half an hour after ingestion. It exerts a beneficial influence upon the general nutrition and consequently increases the resistance of the patient to the disease. It is also recommended as an antipyretic and antiseptic. *Dose*—from 4 to 10 grains by the mouth; as it is decomposed by hot water it must be exhibited in powder form. *Antituberculotic, antipyretic, antiseptic.*

BROMAMIDE, $C_6H_5Br_2NH.HBr$. A bromine-compound of the anilide group, containing 75 per cent. of bromine. It occurs as colorless, acicular crystals, almost odorless and tasteless, melting at 243° F., and volatilizing at 310° F. without change, subliming in beautiful, feathery crystals. It is insoluble in benzine and hot or cold water, slightly soluble in cold, and more so in boiling alcohol, readily soluble in chloroform, ether, and the fixed oils; its solution is neutral in reaction. It has been administered as an antipyretic and antineuralgic in typhoid fever, acute and chronic articular rheumatism, rheumatic fever with acute endocarditis, chronic nephritis with dropsy, and various forms of neuralgia, and has been found to have the power of reducing the temperature in most febrile diseases from 1° to 2.5° F., without producing excessive sweating. It has no pronounced diuretic action, and is free from any unpleasant symptoms as regards the digestive tract. *Dose*—to adults, from 10 to 15 grains several times in the day; to children, from 1 to 5 grains. It may be given in capsule or wafer, dry, upon the tongue, or suspended in a fluid. *Antipyretic, antineuralgic.*

BURRA GOOKEROO. The spring carpels of *Tribulus lanuginosus*, a plant belonging to the typophyllaceæ or guaiacum order, and growing extensively throughout the East. It has been used largely as a diuretic, and has also been employed as a remedy for the relief of nocturnal emissions. It is possessed of tonic and aphrodisiac properties, and has been found to exert a beneficial effect in gonorrhœa and dysuria. In the form of the infusion or decoction it has been employed, together with other remedies, for painful micturition and impotence. *Dose*—of the fluid extract, from 20 to 50 minims; of the infusion, from 1 to 2 drams; of the syrup, which is an excellent form of the drug for administration to children, from $\frac{1}{2}$ to 1 dram. *Diuretic, aphrodisiac.*

CHINOLIN (*Quinolin*), C_9H_7N , is prepared synthetically from aniline, nitrobenzol, glycerin, and sulphuric acid, but may also be obtained as a derivative of cinchonine and quinine by dry distillation. It is a trans-

parent, oily liquid, slightly tinted, with a peculiar, penetrating odor, slightly soluble in water, but freely so in alcohol, ether, and oils. Its color deepens on keeping. The *tartrate*, being more soluble, is better adapted for use in medicine. It occurs in odorless, white crystals, with a nauseating taste, soluble about one in forty of water. Chinolin is a powerful antiseptic and antipyretic. Internally it is used in enteric fever and in intermittent fever, and in periodic neuralgias. An aqueous solution forms an excellent antiseptic injection for gonorrhœa, while it is highly recommended as a gargle for diphtheria in the following formula: One part of chinolin in 50 of rectified spirit and 500 of peppermint water. A solution of 4 scruples of chinolin in 3½ ounces of alcohol may be applied with a brush to the diphtheritic membrane. *Dose*—of chinolin, from 3 to 10 minims; of the tartrate, from 5 to 15 grains. *Antiseptic, antipyretic.*

CHLORETHYL, C_2H_5Cl . Mono-chlor-ethane or ethyl chloride, is prepared by saturating an artificially cooled alcoholic solution of zinc chloride with hydrochloric acid gas. At ordinary temperatures it exists as a gas, but it may be readily compressed into a colorless, mobile liquid, with a pleasant ethereal odor and a sweetish, burning taste, a specific gravity of 0.9214, boiling at from 50° to 53.6° F., and burning with a green flame. It is slightly soluble in water, but readily so in alcohol. Owing to its low boiling-point it is admirably adapted to the rapid production of local anesthesia, and for this purpose it is furnished in glass tubes holding ten grams of the fluid. When used, the end of the tube is broken off and the latter held at a distance of from six to ten inches from the spot to be anesthetized, thereby avoiding excessive and useless cold. Chlorethyl is of service in all forms of minor and dental surgery and in the treatment of facial and intercostal neuralgias. Its only drawback is its great inflammability. *Local anesthetic.*

CHLORPHENOL, $C_6H_4Cl.OH$. Mono-chlor-phenol is a very volatile fluid with a vapor heavier than air. It is possessed of marked antiseptic and antituberculotic properties. When applied to wounds, ulcers, and discharging glands remarkable improvement follows. It has been strongly recommended for inhalation in diseases of the respiratory passages. Ozena, laryngitis, bronchitis, and more particularly tuberculous affections are beneficially influenced after commencing the inhalations. The bacilli rapidly disappear from the sputum, the cough diminishes, fever is reduced, appetite and sleep soon return, and the body-weight increases. Passerini has thus treated five cases of tuberculous disease of the lungs, all recovering in from two to six months from the beginning of the treatment. The inhalations are easily borne in advanced pulmonary tuberculosis, no injurious effects arising from their continuous use. *Antituberculotic, antiseptic.*

CINERARIA MARITIMA. Freshly expressed juice of the leaves is employed in the treatment of cataract without operation. Its use occasions no irritation or inflammation beyond a slight sense of burning pain that lasts for a minute or two. Several reports of steady improvement following its employment are noted, and one case is quoted in which a cure was affected in two months. *Dose*—2 minims, to be dropped into the eye three times daily.

DERMATOL, $C_6H_3(OH)_3CO_2Bi(OH)_3$. Bismuth subgallate is an extremely fine, non-hygroscopic, odorless, saffron-yellow powder, stable in air and light, insoluble in ordinary solvents. On account of its insolubility, its antibacterial action is limited to the area in which it comes in contact with the pus-microbes, the drug in this respect resembling iodoform. In addition to its direct antiseptic action, it has a desiccating influence, so that the development of bacteria is inhibited by the drying of their pabulum. Dermatol gives rise to no irritation and is not absorbed. It has been largely used in surgery, dermatology, and gynecology. It is of special service in affections or lesions associated with copious secretion. Under its influence the secretion rapidly diminishes. It is effective in purulent affections of the eye and ear; ulcers of the legs and feet that have resisted all other treatment promptly yield to it. Glaeser, of Breslau, reports favorably of it as an application for superficial wounds. In various skin-affections a 10 per cent. ointment with vaselin or lanolin, or a powder diluted with starch or talc may be employed. The following formula may be employed as an ointment: Bismuth subgallate, 10 parts by weight; vaselin, 10 parts; and lanolin, 80 parts; to be applied to ulcerations. Dermatol is not as serviceable in local tuberculous affections as iodoform, nor should it be used on torpid wounds and ulcers, for which stimulating remedies are indicated, nor in fresh phlegmonous wounds and freshly-opened abscesses. *Internally*, it is said to be of value in affections of the stomach and intestines. It is non-poisonous and well borne. *Dose*—two drams daily. *Antiseptic*.

DISINFECTOL. A substance analogous to creolin and lysol. It is a brownish-black, oily liquid, having a specific gravity of 1.086, and with an alkaline reaction. It contains hydrocarbons, soaps of resin, and combinations of soda and carbolic acid. It has very energetic disinfectant properties, and is used in the form of from 2 to 5 per cent. emulsion. *Disinfectant*.

DIURETIN is a double salicylate of theobromine and sodium, containing 50 per cent. of the former. It is a white powder, with a very bitter taste, freely soluble in water. It is very unstable, and is decomposed by all acids, even by CO_2 of the atmosphere. Internally it causes no irritation of the stomach or kidneys; nor does it increase arterial tension. It has been found useful in pleuritic effusion, its diuretic action usually manifesting itself within the first twenty-four hours. No cumulative effects have been observed, but occasionally a slight diarrhea is produced. Under its influence, dyspnea, bronchitis, and anorexia, together with the general condition, are improved. When administered in acute nephritis, the quantity of urine voided is greatly increased. It decreases cardiac dropsy and strengthens the pulse. *Dose*—90 grains daily in 15-grain doses. It is best administered in cachets, or as a clyster, dissolved in lime-water to prevent interference with its action by the gastric juice. It may be given in solution in warm water, or in gelatin-coated pills. The bitter taste may be disguised by the addition of some aromatic oil. *Diuretic*.

ETHYLENE BROMIDE, $C_2H_4Br_2$. A light brownish-colored liquid with an odor resembling that of chloroform, and a taste sweetish at first, but afterward burning.

Its specific gravity is 2.163, and it contains 90.9 per cent. of bromine. It is insoluble in water, but readily mixes with alcohol and oil. It boils at 300° C., and at the freezing-point solidifies into a snow-white crystalline mass. It has been used with great benefit in epilepsy, the convulsive attacks under its influence becoming rarer, shorter, and milder. *Dose*—from $\frac{1}{4}$ to $2\frac{1}{4}$ minims two or three times daily. It may be administered in milk, according to Donath, his favorite formula being: Ethylene bromide and spirits of wine, of each 32 minims; oil of peppermint, 2 minims; of this from 5 to 15 drops may be administered two or three times daily. A 5 per cent. emulsion may be employed thus: Ethylene bromide, 35 minims; emulsio oleosa (containing two parts of expressed oil of almonds, one part of powdered acacia, seventeen parts of water), $3\frac{1}{4}$ ounces; oil of peppermint, 2 drops. Of this, adults take 30 drops in a small wineglassful of sugar-water twice or thrice daily, increasing the dose every third day successively to 40, 50, and then 70 drops. A child of eight or ten years should begin with from 10 to 20 drop doses twice daily. An oily solution may be used subcutaneously. *Anti-epileptic*.

EUCALYPTOL is composed of 6 parts of salicylic acid, 1 part of carbolic acid, and 1 part of essence of eucalyptus. It possesses an aromatic odor and a burning taste, is almost insoluble in water, but is soluble in alcohol, chloroform, ether, glycerin, alkaline solutions, and ammonia. It is said to be an excellent dressing for wounds, since it does not produce albuminates, which inhibit antisepsis. Internally, it may be administered in acute rheumatism, typhoid fever, pulmonary catarrh, and affections of the urinary passages. *Dose*—from 2 to $2\frac{1}{2}$ drams per diem. *Antiseptic*.

EUPHORIN, $C_9O_2H_{11}N$. Phenylurethane, or ethyl phenylcarbamate, is prepared by the action of chloroxy-carbonic acid upon aniline. It occurs in fine white needles, with a slightly acrid taste, melting at 52° C. It is sparingly soluble in cold water, and slightly so in boiling water, but is soluble in all proportions in alcohol and ether. It is recommended as a safe and rapid antipyretic, the antithermic action being due to dilatation of the peripheral vessels, with elevation of the peripheral temperature, and at the same time a diminution of the central temperature. Its action is attended with profuse sweating and flushing of the surface. It has no influence upon the normal temperature. It is largely consumed in the body, only a small portion being eliminated in the urine as para-oxyphenylurethane. Santoni regards it as an energetic antipyretic without any attendant danger, and exerting a favorable action upon the general condition. It has also been employed as an anti-rheumatic, and successfully by F. Adler in pulmonary tuberculosis. As an analgesic it has been largely used in the various forms of neuralgia, and in ovarian and uterine pains. According to Oliva it is a true antiseptic, being as efficient as iodoform. G. Peroni has used it in dermatologic practice in powder or alcoholic solution (from 10 to 50 to 100) or in the form of a pomade with lanolin. He has used it successfully in lupus, burns to the second degree, herpes zoster, seborrhea, eczema, and syphilitic ulcers. It corrects unpleasant odor; granulations become healthy; and the diffusion of venereal virus is hindered. No toxic effects

are noted. *Dose*—from 5 to 30 grains daily, in medicated cachets, in solution in white wine, or suspended in a mucilaginous potion. *Antipyretic, analgesic, antiseptic.*

EUROPHEN. Isobutylorthocresol iodide, a preparation of iodine, occurs as an amorphous, fine, yellow, somewhat sticky powder, which should be protected from light and moisture. It has a moderately strong aromatic odor, is insoluble in water and glycerin, but readily soluble in ether, alcohol, chloroform, and oils. It is five times lighter than iodoform, and possesses the same anti-tuberculous effect. It adheres readily to the skin and to wounds, and is excreted in the urine in the form of iodine. Insufflations of europhen promptly cause the healing of chancroids and chancres. Europhen may also be used hypodermatically in syphilis, a 1 per cent. solution in olive oil being employed, of which from 7 to 15 minims are injected daily. In tuberculous abscesses, injections of a glycerin emulsion may be used. From 5 to 10 per cent. ointment is recommended in skin-diseases. *Antiseptic, antituberculotic.*

EXALGIN. $C_6H_5NCH_2C_2H_5O$. Methylacetanilid, a benzene derivative allied to phenacetin, occurs as colorless, slightly bitter needles, or large tablets; it is slightly soluble in cold water, more so in hot, and freely in dilute alcohol. It is a valuable analgesic, and also an antipyretic and antiseptic, but to a less degree. In toxic doses it produces trembling and paralysis of the respiration, with collapse. It causes diminution in the quantity of urine and of sugar in diabetes, and has been suggested for employment in influenza. *Dose*—from $\frac{1}{2}$ to 4 grains, not exceeding 14 grains, in twenty-four hours. It may be given in the form of a mixture, 5 grains to the ounce, or in an effervescent salt, 8 grains to the ounce—1 dram being the dose. *Analgesic, antipyretic.*

FUCHSIN. $C_{19}H_{10}N_3 \cdot HCl$. Rosanilin hydrochlorate, or anilin red, occurs in brilliant elongated crystals having a green luster, readily soluble in water, and forming a bright-red solution. In toxic doses it produces salivation, vomiting, diarrhea, and yellow vision. It is excreted by the kidneys, liver, and salivary glands; imparts a yellow color to the urine and stools; is efficient in reducing albuminuria and in retarding the growth of carcinoma. Bogroff advocates its use in chronic tuberculous laryngitis and pharyngitis, employing for this purpose a spray of 2 per cent. boric acid solution saturated with fuchsin. The spray forms an impermeable layer over the epithelial lining, and shields the tissues from further irritation. *Dose*—from $\frac{1}{2}$ to 4 grains, best administered in pill with a vegetable extract, such as gentian or licorice. *Antimycotic.*

GALLACETOPHENONE. $CH_3CO.C_6H_2(OH)_3$. Prepared by treating pyrogallic acid with acetic acid in the presence of zinc chloride. It is a light yellowish powder, which readily crystallizes in yellowish needles, soluble in hot water, alcohol, ether, and glycerin, and absolutely innocuous. It is a most efficacious antimycotic, and of pronounced value in psoriasis and similar skin affections. It is used as a 10 per cent. ointment, applied twice daily, and acts more promptly than chrysarobin, and without discoloration of skin or linen. *Antimycotic and in dermatology.*

GUAIACOL. $C_6H_5OH \cdot OCH_3$. The methyl ether of pyrocatechin, obtained by the destructive distillation of guaiacum resin or beech tar. It is a colorless liquid,

with a taste and odor similar to, but more agreeable than, those of creasote; it is soluble in alcohol, ether, and oils, but only slightly so in water; it boils at 392° F.; it has a specific gravity of 1.1171. It should be kept in dark bottles, protected from the light. Guaiacol has been much used as a substitute for creasote in pulmonary tuberculosis, administered with cod-liver oil, which disguises its taste. It has been recommended for tuberculous diarrhea in the form of the following enema: Guaiacol, 10 drops; olive oil, 6 drams; water, 8 ounces; yolk of one egg. Schueler frequently administers it by inhalation, employing for this purpose weak aqueous solutions (5:3000 to 5000). These inhalations must be constantly controlled by the physician, and over-exertion in inhaling must be strictly avoided. General improvement follows. It has also been successfully employed in so-called surgical tuberculosis in the form of an aqueous solution, in combination with a 10 per cent. iodoform-glycerin solution, injected at the seat of the disease. Lupus and tuberculous joint-disease have been so treated with marked success. As an antipyretic a solution containing from 5 to 7 per cent. of guaiacol in almond oil may be injected hypodermically in doses of from 15 to 20 minims per diem. *Dose*—from $\frac{1}{2}$ to 2 minims in pill or capsule. *Antituberculotic, antipyretic.*

HYDRACETIN. $C_6H_5N_2H_2(C_2H_5O_2)$. Acetyl-phenylhydrazin is a white, odorless, almost tasteless, crystalline powder, derived from coal tar; it is soluble in 50 parts of water, and freely so in alcohol, chloroform, and benzine; it fuses at 262.4° F. It is a powerful antipyretic, and must be administered with caution, and not continuously, as it very readily produces toxic effects—cyanosis of the face, chills, profuse sweats, arrest of pulse and respiration, and collapse. Conti considers it a powerful blood-poison with a destructive action upon the red blood-corpuscles, analogous to that of potassium chloride. A 10 per cent. ointment has been used with success in psoriasis, but the effect must be watched. *Dose*—from $\frac{1}{2}$ to 2 grains daily, in one or two doses. *Antipyretic, analgesic.*

IODO-NAPHTHOL-BETA. Naphthol-beta diiodide is prepared by the action of iodine on naphthol-beta, and occurs as an inodorous, tasteless, greenish-yellow powder, insoluble in water, slightly soluble in ether, alcohol, and acetic acid, but freely soluble in chloroform. It has been suggested as a substitute for iodoform in the dressing of wounds and ulcers. *Antiseptic.*

IODOPHENIN is formed by treating a cold, saturated solution of phenacetin, acidulated with HCl, with iodine. It occurs as a chocolate-brown powder, or in steel-blue crystals after recrystallizing from glacial acetic acid, possessing an acrid, burning taste, and a feeble odor of iodine; it is insoluble in water, slightly soluble in benzol and chloroform, more so in hot glacial acetic acid, and freely soluble in alcohol; it melts at 266° F., decomposing at the same time. Wittkowsky has found that iodophenin is a most efficient bactericide, but Siebel concludes that no specific action can be ascribed to it that iodine itself does not exert. The objection to its use is its strong evolution of iodine. Introduced subcutaneously, it causes inflammation; taken internally, it affects the digestive tract, and iodine intoxication is possible even after small doses. *Antiseptic.*

IODOPYRIN, $C_{11}H_{11}INO_3$, is a chemical compound of iodine and antipyrin, in which one atom of hydrogen is replaced by one of iodine. It is a tasteless and odorless powder, slightly soluble in cold water and alcohol, but readily soluble in hot. Munzer has used it in typhoid fever and pulmonary tuberculosis. "Five cases of typhoid fever are recorded, and in each instance the temperature was rapidly lowered to normal. In cases of pulmonary tuberculosis the administration of the drug caused profuse sweating, and in every way the antipyretic action was all that could be desired." When taken into the stomach, iodopyrin is decomposed into iodine and antipyrin. *Dose*—from 1 to 5 grains. *Antipyretic*.

LYSOL is a saponified phenol derived from cresols by the action of nascent soap. It occurs as a dark-brown, syrupy liquid with a faint aromatic odor; it is freely miscible with water and alcohol, forming a clear solution which lathers when agitated; its specific gravity is 1.042. It is possessed of powerful deodorizing properties, and has been introduced as a soluble antipyretic and disinfectant. All agree that it is superior to the disinfectants commonly in use, possessing, as it does, higher antimycotic powers than carbolic acid or creolin, while it is less variable in constitution than the latter, and less poisonous than either. It produces marked improvement in lupus when applied freely by means of a cotton probe, after removal of the crusts, and allowed to dry, the application being repeated daily, or every second day. The pain of the application is acute for one-half hour, but entirely disappears in two or three hours. Dr. Unna has used lysol in the form of a plaster mull, and appears to have been favorably impressed with it; in this form it is nearly painless. Intra-uterine and vaginal injections have been repeatedly made without any toxic effects. Michelsen has used a $\frac{1}{3}$ per cent. solution in twelve cases of celiotomy with the happiest results, healing by first intention following. It has also been used in the same strength in abortion. Szuman advises a $\frac{1}{2}$ per cent. solution for irrigation of the pleural and peritoneal cavities. In the bladder it gives rise to vesical pain and tenesmus. Höffler recommends a 2 per cent. solution in diphtheria, and Gerlich employs it in the following prescription as a gargle for foul breath or diseased conditions of the mouth and throat: Lysol, 2.5 grams; water, 50 grams; alcohol and glycerin, each 25 grams. It acts as an efficient general disinfectant for the walls of a room by spraying with from a 1 to 3 per cent. solution, while for the hands, sutures, instruments, irrigation, and field of operation from 1 to 2 per cent. solution suffices. *Antimycotic*.

(To be continued.)

HOSPITAL NOTES.

CASES FROM THE CLINIC OF PROFESSOR J. M. DA COSTA,

At the Jefferson Medical College Hospital.

[Reported by AUGUSTUS A. ESHNER, M.D., Clinical Recorder.]

TWO CASES OF GASTRO INTESTINAL NEUROSIS, WITH PECULIARLY INDUCED BOWEL-MOVEMENTS.

H. S., a salesman, thirty years old, for as long as he could remember had had from two to thirty stools daily.

16*

The stools were usually small, thin, and slimy, and occasionally blood-streaked; less commonly they were normal. The ingestion of liquids was invariably followed in from twenty to thirty minutes by a watery intestinal evacuation. Solid food occasioned no excess of movements. There was occasionally a desire to have the bowels moved, with ineffectual efforts at stool. The appetite was good. Digestion was attended with no discomfort. The patient alternately lost and regained weight. The urine had a specific gravity of 1036; it contained a precipitate of urates, but neither albumin nor sugar.

There was a history of prolapse of the bowel from birth or infancy, but this had corrected itself without therapeutic intervention, and for four years had occasioned little or no inconvenience.

The patient was given a pill containing an eighth of a grain each of silver nitrate and belladonna extract, to be taken after each meal, and he was told to restrict the use of liquids as much as possible. He returned in the course of a short time, reporting himself, even when on mixed diet, as cured; but he failed to present himself again, and the ultimate result is not known.

A. L. H., a girl, aged twenty-four years, who lived at home, complained for four years of severe colicky pain in the abdomen of progressively increasing intensity, invariably following the ingestion of food—less after liquids than after solids, and often occurring after the mere smelling of food. After taking food the abdomen became distended, and in the course of five minutes there was an urgent desire to go to stool. The stools were usually liquid, but were never observed to contain blood. The movements of the bowels were attended with pain and bearing down. The frequency of movement was not perceptibly influenced by restriction to a liquid diet. The bowels were never moved unless food or drink was previously taken. The appetite was preserved. Occasionally a greenish, bitter fluid was vomited in considerable quantity; blood was never vomited. There were flatulent eructations, but little loss of flesh and of strength was noticed. Menstruation was painful and was attended with headache.

The urine was of acid reaction; it had a specific gravity of 1034, and contained neither albumin nor sugar.

The patient was placed upon a pill of silver oxide, gr. $\frac{1}{2}$, and opium extract, gr. $\frac{1}{6}$. The ultimate result of this case could not be ascertained.

PHANTOM-TUMOR AND VALVULAR HEART-DISEASE.

A. R., a girl, aged fifteen years, had for four years observed an enlargement in the epigastric region, which progressively increased in size. The tumefaction was inconstant in size but was never wholly absent, and was generally as large as a child's head and attended with pain. Menstruation had previously been profuse, but was now absent. The appetite was impaired, but there was neither nausea nor vomiting. Obstinate constipation existed, and there had been slight loss of flesh. No hysterical symptoms had been manifested.

On examination, a tumor was found in the epigastrium, prominent, tender to the touch, and dull on percussion. The mass was influenced by the position of the patient and could be made to disappear by strong

flexion of the thighs on the abdomen. When the thighs were flexed the dulness on percussion gave way to a tympanitic note. The mass also disappeared when respiration was checked at the end of expiration; the sensitiveness, however, persisted. The heart was enlarged and overacting. A harsh, blowing, systolic murmur was heard in the mitral area. The urine was acid in reaction; it had a specific gravity varying from 1018 to 1022, and contained neither albumin nor sugar.

The valvular disease of the heart rendered it risky to administer ether with a view to ascertain the exact nature of the tumor. The results obtained by the forced flexion of the thighs on the abdomen, relaxing the upper portion of the recti and causing the tumor to disappear, were, therefore, especially valuable.

The following prescription was given:

R.—Aloin gr. ij.
Pulv. capsici gr. ij.
Ext. belladonnae gr. j.—M.
Ft. pil. no. xvi.
S.—One to be taken three times a day.

One drop of tincture of aconite three times a day was also prescribed.

The improvement was most decided. The abnormal abdominal manifestations ultimately entirely ceased.

TWO CASES OF ARTERIAL THROBBING SIMULATING ANEURISM.

A. M. K., a housekeeper, aged fifty years, had been told that she had an aneurism. For more than four years she had observed palpitation of the heart and shortness of breath on exertion. Eighteen months before coming to the clinic she had noticed throbbing in the supra-sternal notch, which, under treatment, had become less decided. For sixteen months there had been irritative, "rasping" cough, which had also become less frequent and less distressing. The patient perceived a sound like the ticking of a watch, referred to the right sterno-clavicular articulation. There was no difficulty or pain in swallowing. Laryngoscopic examination detected no abnormality. The appetite was impaired and the digestion deranged. The face flushed on excitement—on both sides equally. There was subjective impairment of vision on the right side, with doubtful contraction of the visual field. The right pupil acted in convergence, but failed to respond to light. No lesion of either fundus was found. The patient stated that fifteen years previously the right eye was "paralyzed." No history of syphilis was elicited.

At the root of the neck there was evident throbbing. There was no pulsation in the chest. At the aortic cartilage a systolic murmur was heard, followed by a distinct second sound. The impulse of the heart was extended. The first sound at the apex was heavy. The pulses were equal. The urine was acid in reaction; it had a specific gravity of 1022 and contained neither albumin nor sugar.

Two drops of tincture of aconite three times daily were prescribed. The patient returned but once, reporting that the sense of beating had become much less decided.

J. M., a salesman, aged twenty-four years, for a year had felt a sensation, vaguely described as "jumping," a

little to the left of the median line between the level of the umbilicus and that of the ensiform cartilage. It was least noticeable in the recumbent posture, most so when erect, and was intensified by active exercise. There were also palpitation of the heart, ringing in the ears, disturbance of sleep. The appetite was variable, and languor and drowsiness followed meals. The bowels were irregular. The man was concerned about himself and had lost twelve pounds in weight. He had never received a blow in the abdomen, but for a period of thirteen years he had had frequent occasion to employ the abdominal walls in making pressure. He used tobacco to excess. There was no history of venereal infection.

On examination, a pulsating area, as large as a man's fist, was found between the umbilicus and the ensiform cartilage. On auscultation, a systolic murmur, intensified by pressure, was heard in the epigastrium. No murmur could be heard in the back; nor was there pain in the back. The temporal arteries were large. The heart was acting strongly. The pulse was full and tense. The urine had a specific gravity of 1030; it contained neither albumin nor sugar.

The patient was given the following prescription:

R.—Tinct. capsici gtt. xxiv.
Tinct. aconiti gtt. xlviij.
Tinct. cinchonae co. ad f 3ij.—M.
S.—A teaspoonful to be taken three times a day.

The patient returned improved, but seen at a later date the symptoms had returned to their previous intensity.

In both of these cases the throbbing simulating aneurism was the result of the disease of the heart; in the first case hypertrophy with aortic narrowing, in the second case simple hypertrophy in a nervous man, in whom very likely, too, the local pressure on the abdomen aggravated the throbbing. In the diagnosis of the second case the absence of pain was very significant; in the first case, the absence of pressure-symptoms.

THREE CASES OF VISCERAL SYPHILIS: PULMONARY SYPHILIS; PULMONARY AND HEPATIC SYPHILIS; CEREBRAL SYPHILIS.

PULMONARY SYPHILIS.

H. L. S., a clerk, aged twenty-five years, presented a history of winter cough for many years. Three years before coming under observation he had been infected with syphilis. For three months he had had persistent cough, with mucous but never hemorrhagic expectoration. He had lost fifteen pounds in weight, and had been in bed with what was said to have been malarial fever. There were irregular and infrequent chills, and for a time there had been night-sweats. The sputum was examined, but tubercle-bacilli were not detected. Ophthalmoscopically, nothing abnormal was noticed in either fundus. Laryngoscopic examination disclosed no evidence of syphilitic or tuberculous disease.

There was a history of pulmonary tuberculosis in the father and paternal grandmother. Irregular and scattered areas of percussion-dulness were found upon both sides of the chest, with harsh inspiratory and prolonged expiratory murmur.

The patient was placed upon potassium iodide and mercuric chloride; he was for a time also given cod-liver oil with malt. Under this treatment he progressively improved.

The following is a record of his weight:

September	120	pounds.
December 12th	127 $\frac{1}{4}$	"
December 24th	128 $\frac{1}{4}$	"
January 1st	130	"
January 9th	131	"
January 15th	130 $\frac{3}{4}$	"
January 30th	130	"
February 20th	131 $\frac{1}{2}$	"

PULMONARY AND HEPATIC SYPHILIS.

O. S., a waiter, aged thirty-five years, had for six years complained of palpitation of the heart, shortness of breath, and precordial pain. For five years and a half he had had pain and tenderness in the epigastrum and vomiting. Five years before coming under observation he lost consciousness, and, as he was told, lay in convulsions, the face, lips, and hands being blue. This attack was not followed by palsy. Six months later the feet, hands, and eyelids were swollen for two months and a half; the swelling occasionally recurred thereafter. A second attack of unconsciousness, with convulsions and cyanosis, occurred a year and a half after the first. For three years there was cough, with scanty expectoration; there had never been hemoptysis. The man had lost twelve pounds in weight. He gave a history of syphilitic infection fourteen years before appearing at the clinic, and had been told that five years previously he had had bilateral pleurisy with effusion.

On palpation, a smooth, resistant, non-fluctuating tumor of peculiar shape was found extending to the umbilicus on the right and an inch and a half below the umbilicus. The area of hepatic percussion-dulness extended just below the margin of the ribs laterally. The mass seemed to project below and to pass lower down. There was also considerable dulness on percussion and resistance in the epigastrum, with tenderness. The upper border of the liver was difficult to map out on account of the dulness on percussion over the lung. The lungs were dull on percussion in areas of irregular size and distribution. On respiratory percussion the pulmonary resonance was elicited. The area of hepatic percussion-dulness was thus found to begin at the fifth intercostal space. There was percussion-dulness at the apex of the right lung, as well as bronchial breathing. Râles were not heard. Vocal resonance and fremitus were increased. There was substernal tenderness. No eye-lesion existed. The urine was acid in reaction and contained neither albumin nor sugar. One-twenty-fourth of a grain of mercuric chloride and ten grains of potassium iodide were directed to be taken three times daily, but the patient failed to return, and the result of treatment is not known.

CEREBRAL SYPHILIS.

M. B., a messenger, thirty-seven years old, had for three months, principally after noon, suffered with a sense of heaviness in the head and a tendency to stagger. The gait was unaltered; the station was firm; there was no ataxia. The knee-jerks were preserved. There was

no gross derangement of sensation and no history of crises. The special senses and mental functions were subjectively unimpaired. There was no headache and no vertigo. The appetite was preserved. Digestion was well performed; the bowels were regular. There was no derangement of micturition. Neither cough, expectoration, shortness of breath, loss of flesh, nor chills, fever, or sweats were noticed. The action of the heart was regular; the sounds clear. The urine contained neither albumin nor sugar. On ophthalmoscopic examination evidences of optic neuritis were found, without limitation of the visual field and without scotomata. Six years previously to coming under observation the patient had had a single venereal sore on the penis, followed by unilateral enlargement of the inguinal glands; other secondary symptoms were not recognized.

The patient improved greatly upon treatment by means of mercuric chloride, gr. $\frac{1}{10}$ (subsequently increased to gr. $\frac{1}{5}$) and potassium iodide, gr. x (subsequently increased to gr. xv), three times daily.

A CASE OF PULMONARY TUBERCULOSIS AND MALARIAL FEVER.

G. C., a salesman, forty years old, presented himself at the clinic with a distinct history of malarial fever seven months previously, and irregular chills, fever, and sweats since. The spleen and liver were enlarged. For five months there had been cough, with muco-purulent, occasionally blood-streaked, expectoration. The man had lost twenty-five pounds in weight and had night-sweats. There was impairment of the percussion-resonance at the apices of both lungs, less marked on the right. At the left apex expiration was prolonged; at the right, the respiratory murmur was harsh.

The urine was acid in reaction; it had a specific gravity of 1026, and contained neither albumin nor sugar.

The patient was ordered a pill containing quinine sulphate, gr. ij, and arsenious acid, gr. $\frac{1}{10}$; and cod-liver oil. He failed to return.

A CASE OF MEDIASTINAL TUMOR.

L. K., a carpenter, forty-six years old, for four months had observed pain at the upper portion of the sternum and in the upper precordial region. For three months there had been a noticeable swelling at the upper portion of the sternum with dyspnea; the latter was relieved by inclining the head forward and was aggravated by the recumbent posture, so that sleep was prevented. There was metallic cough, with scanty muco-purulent expectoration. Deglutition was interfered with and was attended by a sensation of lodgment of solid food at a point about an inch and a half below the upper border of the sternum. A month previously to the onset of the symptoms the patient had been crushed by a heavy weight which he was engaged in lifting. He suffered no immediate distress, nor was he incapacitated for work.

The chest was deformed, the sternum prominent, the lower part of the chest retracted. There was some heaving of the upper part of the chest, but no strong beat or altered sound or murmur existed, and marked pulsation of the vessels of the neck was visible. The cardiac impulse was diffused, but most decided in the seventh interspace, one inch without the nipple line. The pul-

monary percussion-resonance was impaired in the upper lobes, especially on the right side. At the upper part of the sternum was an area of dulness on percussion about two and a half by three and a half inches in extent. At the apex a low-pitched presystolic murmur was heard. The pulses were unequal; the right was the feeblower. The urine was of acid reaction; it had a specific gravity of 1026, and contained neither albumin nor sugar.

Under treatment with solution of potassium arsenite the patient gained six pounds in weight. He was subsequently placed upon potassium iodide, but did not do well, and failed to return.

HYPERTROPHY OF THE HEART FROM THE EXCESSIVE USE OF TOBACCO.

W. N., a barber, nineteen years old, had been an excessive smoker of tobacco for eight years, smoking from eight to twelve cigars a day. Three years before appearing at clinic he was seized with a paroxysm of palpitation of the heart, and thereafter the paroxysm had been often repeated. There also had been frequent attacks of vertigo, at times so intense as to cause staggering when he walked along the street. Three months before the patient was seen, after engaging in active physical exercise, he was suddenly seized with hemoptysis, expelling three or four mouthfuls of pure blood. In the following month he had, within a short period, at different times, five further attacks of pulmonary hemorrhage. The last attack had occurred two weeks prior to the appearance of the patient at clinic. The appetite was preserved. Digestion was well performed. The bowels were constipated.

The area of cardiac percussion-dulness was increased, beginning at the right border of the sternum and at the upper border of the left third rib. There was slight relative impairment of the percussion-resonance at the left apex. The vesicular murmur was roughened at both apices, in greater degree on the right.

The urine was acid in reaction; it had a specific gravity of 1020, and contained neither albumin nor sugar.

The patient was put upon the following prescription:

R.—Sodii bromidi 3*iv.*
Tinct. aconiti m_{ii} $\text{xlviij.$
Syrup. zingiberis . . . ad f_{iii} M.
S.— f_{3j} three times a day, in water.

At the expiration of two months the symptoms had disappeared, the pulse was 84, and the patient considered himself cured, although the physical phenomena of enlargement of the heart persisted.

FOUR CASES OF EXOPHTHALMIC GOITER: ONE IN A MALE; TWO IN GIRLS IN WHOM MENSTRUATION WAS RETARDED AND OTHER NEUROTIC MANIFESTATIONS WERE PRESENT.

C. P., a waiter, thirty-two years old, had for six years suffered with dyspnea and palpitation of the heart, aggravated by exertion or excitement. Only for six months had he noticed protrusion of the eyeballs, which was progressively increasing. The neck was full and presented a distinct swelling at its lower part, which proved to be the enlarged thyroid gland. The carotids throbbed, but presented no murmur. Over the goiter

an intermittent murmur was heard. The heart was enlarged and overacting. The first sound was rather dull, the second distinct. The pulse in recumbency was 128. There were headache, vertigo, and tremor of the extended extremities.

The patient gave a history of venereal infection. He was immoderate in the use of tobacco and of alcohol.

The urine was of acid reaction; it had a specific gravity of 1032, and contained neither albumin nor sugar.

Some improvement followed the administration of aconite tincture in doses of from two to five drops, but the patient was soon lost to observation.

M. H., a dressmaker, sixteen years old, had never menstruated, although retarded menstruation was not a family feature. Nine months previously to presenting herself at clinic she had had sore-throat, with enlarged glands. Four months later, she again had sore-throat, also with glandular enlargement. It is thought that the thyroid gland was then enlarged, and that the eyes began to protrude. There was no palpitation of the heart and no tremor of the extended upper extremities. There was shortness of breath, increased on exertion or on excitement. Headache occurred from six to ten times a month. There was no vertigo. The girl was readily frightened. Digestion was well performed. The action of the heart was strong and regular. The pulse was 128. Both lobes of the thyroid gland and the isthmus were enlarged, the left lobe in greatest degree. Over the goiter an almost continuous murmur was heard.

The patient suffered from nocturnal incontinence of urine. A brother, a maternal uncle, and a maternal male cousin, also had nocturnal incontinence of urine.

The mother of the patient presented enlargement of the thyroid gland, which appeared after the birth of her first child and increased with each subsequent birth. The maternal grandmother and great-grandmother, as well as a maternal aunt and grand-aunt, all at one time or another presented goiters. Three sisters of the patient, married and having borne children, present no goiter.

The parents of the patient have noticed changes in her behavior, such as playing with children and walking about the streets when she should have been otherwise engaged.

The urine was of acid reaction; it had a specific gravity of 1024, and contained neither albumin nor sugar.

Tincture of aconite, two drops, and subsequently tincture of straphanthus, from three to five drops, three times a day, were prescribed, with improvement in the subjective condition.

K. D., a cloth-sorter, fifteen years of age, had for more than a year noticed prominence of the eyes, together with "nervousness," restlessness, and irregular jerking movements. The symptoms were much intensified, soon after their appearance, by the death of a sister. For six or seven months it had been observed that the throat was enlarged. From time to time the enlargement underwent additional increase, which subsided in from twenty-four to thirty-six hours. For a period of six months there had been pain alternating in situation between the precordium and the right mammary region. There had been moderate palpitation of the heart during four months. Saliva was secreted and discharged in excess. The girl complained of thirst and dryness of the throat, and took considerable quantities of

water. For three months there had been frequent epistaxis. Menstruation had not appeared. On several occasions the abdomen had been distended, with attacks of colicky pain. When the upper extremities were extended at right angles to the trunk, the hands were rather over-extended at the metacarpo-phalangeal joints and slightly flexed at the phalangeal joints. There was no tumor, but there were choreoid movements giving rise to a coarse incoordination. The action of the heart was regular; its sounds were distinct; the pulse was 140. The station was firm. The knee-jerks were feeble. The pupils were equal, regular, and responsive to light. There was no nystagmus. The upper lids followed the eyeballs when the patient looked downward. The mental functions and special senses were unimpaired. The appetite was preserved. Digestion was deranged. There was slight cough, with muco-purulent expectoration, but no abnormality was detected in the lungs. The patient was not long enough under treatment to observe any results.

J. C., a housekeeper, fifty-seven years of age, had for two years suffered with palpitation of the heart and a sense of pulsation in the epigastrium. She also complained of weakness and "nervousness." There was tremulousness of the upper extremities. The thenar eminence of the left hand was swollen, and there was also slight swelling on the dorsum of the left hand. The hand was held in partial flexion. The first phalangeal joint of the left ring-finger showed a contracture. There was slight over-extension of the terminal phalanges of both hands, most marked in the middle fingers. There was neither flushing nor sensation of abnormal heat. The thyroid gland was enlarged, in greater degree upon the right. The eyeballs protruded. The extremities were swollen. There was shortness of breath, occasional headache, considerable vertigo, and loss of flesh. The appetite was good; digestion was fairly well performed; the bowels were regular. Sleep was undisturbed. The menopause had taken place ten years previously. The urine was acid in reaction; it had a specific gravity of 1018, and contained neither albumin nor sugar. Tincture of strophanthus, in doses of from three to five drops, was at first administered, but afforded no relief to the distressing palpitation. Subsequently five minimis of the tincture of digitalis, with two drams of the infusion of digitalis, in conjunction with one drop of a 1 per cent. solution of nitro-glycerin, were prescribed to be taken thrice daily, but the patient did not return.

THREE CASES OF DIABETES MELLITUS: ONE IN A BOY, NINE YEARS OF AGE; IN TWO OF WHICH AN ODOR OF CHLOROFORM WAS PRESENT; IN ONE OF WHICH THE KNEE-JERKS WERE ABSENT.

C. B. N., a school-boy, nine years of age, was brought to the clinic with a diagnosis of diabetes. Two months previously it was noticed that he was passing unusually large quantities of urine that had a sweetish odor and stiffened the linen on which it dried. There was some weakness of the sphincter vesicæ, with slight incontinence of urine. For five weeks the appetite had been incoordinate and the thirst excessive. Though the patient ate and drank largely, he had, however, lost ten pounds in flesh. There were no boils. There had been no itching of the skin. The bowels were regular. The

boy was irritable, became readily fatigued, but slept well; no unusual odor was detected. Nothing abnormal was found in heart or lungs. Ophthalmoscopic examination revealed no lesion. There was no family history of diabetes. The urine had a specific gravity of 1042, and contained sugar.

The diet was strictly regulated, and phenacetin (gr. ij) and quinine sulphate (gr. j) in pill, and tincture of the chloride of iron, ten drops, three times a day, were prescribed, but the case did not remain under observation long enough to show the results of treatment.

R. S., thirty-six years old, an oysterman, came to the clinic bringing a specimen of urine, with a diagnosis of diabetes. A little less than nine months previously he had rather suddenly noticed that he was passing excessive quantities of urine, and that he was losing flesh and strength. He had marked thirst, but by restraint he succeeded in restricting the quantity of fluid taken almost within normal limits. He thought that on about two days of seven he passed but little more than the ordinary quantity of urine. The appetite was excessive. Digestion was well performed. The bowels were regular. There was itching of the skin, but no history of boils. A faint odor of chloroform was detected about the patient, of which he was unconscious. Sleep was poor; the patient complained of "nervousness." Vision was subjectively fairly good; there were *muscae volitantes*.

The patient denied venereal infection. Fifteen years ago he had an attack of typhoid fever, attended with convulsions. Twenty years ago he was struck in the occipital region by the handle of a revolving crank, losing consciousness for fifteen minutes, and being incapacitated for work for a week.

The urine had a specific gravity of 1036, and contained sugar; albumin was not present.

Fluid extract of jambul was prescribed, beginning with five drops, three times daily, to be progressively increased.

V. L., thirty-nine years of age, a driver of a beer-wagon, presented himself at clinic with a history of over-indulgence in malt liquors, having for a period of six years drunk from ten to fifteen glasses of beer daily. He denied any venereal history. Nine months previously he had had rheumatism for three months. Fifteen years previously he had been wounded by bullets in the left temporal region and on the left lateral aspect of the chest, the bullets, it was stated, being retained. For a year before applying at the clinic he had observed progressive loss of flesh and increasing weakness; he had lost thirty pounds in weight. For two months vision had been failing. The appetite was impaired. The tongue was moist, red, and fissured. For six months there had been persistent thirst. By the patient's statement he drank a pitcherful of water in an hour or two during the morning. During the day he drank considerable milk (several quarts, it was thought) and coffee (two cups); in the evening he took tea. The thirst was so intense that the patient was compelled to arise at night to quench it; otherwise the mouth and throat would become dry and parched. Digestion was well performed. The bowels were regular. There had been no boils and no itching of the skin. The patient slept well. Hearing was lost on the right, following ex-

posure to cold fifteen years previously. The gait was normal. The station was firm. There was no ataxia. The knee-jerks could not be elicited. The pupils were equal, regular, and responsive to light. On ophthalmoscopic examination the discs were found pale, but there was no coarse lesion. The fields of vision were limited in greater degree upon the right. There was central scotoma, especially for red. There was no lesion of the cerebral nerves. An odor of chloroform was perceptible about the patient. He had not observed an increase in the frequency of micturition or in the quantity of urine evacuated, although he arose twice at night to urinate. Measurement, however, disclosed the fact that he was passing from sixteen to nineteen pints of urine in twenty-four hours, the urine containing a large proportion of sugar. He was placed on the usual anti-diabetic diet. Treatment with jambul and afterward with sodium salicylate was followed by some but not by permanent improvement.

ABDOMINAL NEURALGIA SIMULATING RENAL CALCULUS.

S. D., a stevedore, forty-one years of age, three weeks before presenting himself at clinic, and shortly after having been engaged in lifting a heavy weight, was suddenly seized with intense lancinating pain in the lumbar region of the spine. The pain radiated to the left and around the abdomen to the umbilicus. The paroxysm was followed by excruciating abdominal cramps. During the remainder of the day, and on the following day, a sense of soreness persisted. Two days later the man suffered a second paroxysm, the pain, however, being umbilical from the outset, radiating to the anterior superior iliac spine and the inguinal region. The attack lasted four hours. Ether and morphine were administered for the relief of the pain. After an interval of four days, a third attack occurred, lasting also for four hours. The pain was referred to the crest of the ilium, and radiated to the anterior superior spine and the inguinal region. There was a fourth attack, lasting twelve hours, the pain occupying the same situation as in the preceding attack. The urine, it was stated, had an offensive odor, but had never contained blood. It had a specific gravity of 1022, and was of acid reaction; it contained neither albumin nor sugar. The patient did not pass gravel. There had never been jaundice. The stools had not been observed. There was general abdominal tenderness.

Belladonna tincture was prescribed for the patient.

PROGRESSIVE MUSCULAR ATROPHY AT AN EARLY STAGE.

F. P., a clerk, thirty-four years of age, five years previously to presenting himself at clinic had observed slight loss of power in using the right hand in writing. The symptom disappeared in the course of two weeks. Two years later the manifestation was repeated. Thereafter there was gradual loss of power in the right arm. For two years there had also been gradual loss of power in the left upper extremity. The chest and the upper extremities were conspicuously wasted. There was no pain, nor was there loss of power in the lower extremities. The patient had lost twenty pounds in weight. There was no cough; no shortness of breath; no palpitation of the heart. Micturition had become increased in frequency; the urine was acid in reaction, had a specific gravity of 1024, and contained neither albumin nor sugar. The heart-sounds and the breath-sounds were normal. There was no increase in the areas of splenic and hepatic percussion-dulness. There was no blue line on the gums. The hands were cyanotic, the right especially. There was wrist-drop on the right side. The station was firm. The knee-jerks were exaggerated. At times tremor became apparent in the extended right upper extremity.

Mild faradic applications to the wasted muscles were advised. The patient, however, failed to appear a second time, so that the electric reactions could not be taken and the results of treatment be learned.

CHOREA, RHEUMATIC PAINS, AND VALVULAR HEART-DISEASE.

F. L., a school girl, seven years old, presented herself at clinic in the fourth week of an attack of chorea that had developed three weeks after the patient had been abed with what was described as "rheumatic" pain in the extremities and trunk. The movements were for a time so violent that speech was interfered with. The station was firm. There was no ataxia. The knee-jerks were preserved. The pupils reacted to light. There was nocturnal enuresis. The urine was acid in reaction, had a specific gravity of 1008, and contained neither albumin nor sugar.

In the precordia a loud, blowing, systolic murmur was heard, propagated to the axilla and to the angle of the left scapula.

A younger sister of the patient had had an attack of chorea a few months previously, following a fright. A maternal aunt had also had chorea, following a fright.

The following prescription was given, with excellent results, the chorea gradually disappearing:

R.—Tinct. belladonnae	3j.
Liq. potassii arsenitis	3j.
Syr. hypophosphit. comp.	ad 3ij.—M.
S.—A teaspoonful to be taken three times a day.	

CLINICAL MEMORANDA.

THREE CASES OF NEUROTIC EDEMA FOLLOWING TRAUMATISM.

BY ORVILLE HORWITZ, B.S., M.D.,
LECTURER ON GENITO-URINARY DISEASES AND DEMONSTRATOR OF
SURGERY IN JEFFERSON MEDICAL COLLEGE, AND SURGEON
TO THE PHILADELPHIA HOSPITAL.

THE only papers referring to the subject of neurotic edema that I have been enabled to find are, one read before the Philadelphia Neurological Society by Dr. William Osler, and a report of several cases detailed by Dr. Allen J. Smith, in THE MEDICAL NEWS for March, 1889, under the title of "Angeo-neurotic Edema." The cases reported by these gentlemen were not due to traumatism, and it is, therefore, presumed that those herein referred to may not prove uninteresting.

During the latter part of June of last year a man in the prime of life presented himself at the out-patient surgical department of the Jefferson Medical College

Hospital, giving the following history: Five years previously he had contracted a chancre, which was followed by secondary syphilis, for which he was under treatment for several months. He was apparently perfectly cured, and had no further trouble until the latter part of the preceding January, when a small hard nodule made its appearance under the skin of the penis just back of the right side of the glans. The nodule was somewhat larger than a pea and firmly attached to the deeper structures. There was no pain, and the man paid no attention to the circumstance for four or five weeks, at the end of which time the swelling began to increase. It became indurated, hot, red, and painful. In this condition he applied to a physician, who punctured the part with a needle, and informed him that he was suffering from an abscess, and that he should be operated upon as soon as possible. Not being satisfied with this diagnosis, he applied to a notorious quack, who told him that he was afflicted with cancer, and undertook to cure him by means of a plaster applied to the part. Under this treatment ulceration rapidly supervened, accompanied by swelling, and, as the patient expressed it, the penis began rapidly to "melt away." When he came under my observation I found the organ to be in a state of subacute inflammation, with enlargement and thickening. On the right side there was a large indurated ulcer, with ragged undermined edges; the base was covered with a dirty-white pultaceous slough; the right half of the glans penis was entirely destroyed, and the urethra opened behind the head of the penis. The glands in the groin were not involved. The general condition was fair; the patient was somewhat anemic. The diagnosis of gumma was made, and the patient was placed upon the usual specific treatment, with appropriate attention to the local condition; the ulcer cicatrized. The patient was discharged, in course of some six weeks, cured. During the latter part of last August he again presented himself at the hospital and complained of an inability to pass water. On examination, it was found that the scar resulting from the ulceration had contracted, the urethra closing, so that it was with difficulty located; when found the passage was too much diminished to permit the passage of even a small silver probe. The bladder was very much distended with urine. The urethra was freely opened by means of a curved tenotomy, and a No. 26 F. meatus bougie was inserted as far as the peno-scrotal junction. The man was directed to go to the closet and pass his water. In a few moments he returned very much alarmed. He stated that the urine started without any trouble, but his penis began immediately to swell, and the tumefaction soon increased to such a degree that complete phimosis supervened with stoppage of the flow of the urine. The penis was found to be enormously swollen; it was at least three times its natural size, the edema extending over the whole organ, involving the upper portion of the scrotum, and extending to the peno-scrotal junction, where the swelling took the form of a pouch. The skin was very tense and shiny; it did not pit on pressure, and it was absolutely painless.

At first I was puzzled to account for the condition of affairs. I argued that it could not be a rupture of the urethra, with extravasation of the urine, because of the

short space of time it had taken for the whole penis and scrotum to become edematous. The patient was perfectly free from pain, which indeed was the most noticeable point. There had been no manipulation of the urethra of any moment, and the canal was unobstructed from the bladder to the orifice of the urethra at the time the swelling took place. I knew that if a rupture of the canal had taken place the percolation would at the outset have been localized. The man had had a long-standing inflammatory lesion of the penis, with syphilitic history; hence I thought there might be a diseased condition of the veins, and that probably the slight manipulation necessary to perform the needed operation might have resulted in a clot in the damaged vessels. Keeping in mind the great rapidity with which swelling had supervened; that there was no pain; no tenderness over the course of the veins, and that there was an absence of engorgement of the superficial veins, I came to the conclusion that the case was one of edema, due to nervous influence.

The skin was slightly punctured with a needle, and the resulting drop of fluid that exuded was found to be perfectly clear. The patient was put to bed and ordered an eighth of a grain of pilocarpine, together with a saline purgative; direction was given to elevate the penis against the abdomen, and an application of lead-water and laudanum was ordered. The next morning the swelling had completely disappeared, and the patient was discharged.

This case is particularly interesting from the fact that it might be repeated in practice at any time, and if not understood might prove a cause of great anxiety to the physician, and be a subject of alarm to the patient. The swelling could not have been due to inflammation, as at the time of the operation the onset of the effusion was almost instantaneous. It could not have been due to embolism, or the patient would not have been convalescent by the following day. There is only left, therefore, the theory of disturbance of the vasomotor system of nerves to account for the phenomena.

The second case is that of an old gentleman whom I found suffering from a small furuncle, about the size of the little-finger-nail, situated on the top of the scalp. I incised it and pressed out a drop of pus, and dressed the wound with a little vaseline. In a very short space of time I received an urgent message to come to the hotel as soon as possible to see my patient, as he was very ill. I found him sitting up in bed with the right side of his face and ear enormously swollen. The affected part did not pit on pressure, and was neither hot nor painful. The temperature was normal; the tongue clean. I ordered a poultice to be applied to the face, and directed a Seidlitz powder to be taken, and in the course of forty-eight hours the swelling had entirely disappeared.

The third case came under my observation at the Philadelphia Hospital. The patient was a man well advanced in years, who had been admitted to the surgical wards, and who was supposed to be suffering from surgical erysipelas. The man had been drinking for a day or two previously to his admission to the hospital. Whilst under the influence of liquor he had fallen in the street and received a very slight superficial wound of the occiput. On the following day, his face began to swell, and he was brought to the hospital. There was

extensive edema of the eyelid and upper lip, but no fever, no pain, and the bowels were regular; the effusion was firm and elastic; the tissues did not pit on pressure. A cathartic was ordered, to be followed by a dose of bromide of potassium at bedtime, and the wound, which was slight, was directed to be dressed antiseptically. By the next evening the effusion had been absorbed.

The diagnosis of neurotic edema is readily made if the practitioner bears in mind its sudden onset, the absence of pain, and that the effusion is unaccompanied by the usual symptoms of inflammation, together with non-pitting on pressure, which is probably due to the fact that the swelling is principally confined to the dermal structure, and not to the sero-cellular tissue, as is the case in edema from inflammatory causes.

In the case first reported the swelling took place long before inflammation could have set in; in the second case, there was a small spot of localized inflammation present, but the effusion did not occur until the slight incision had been made, and then it followed at once; and in the third case the wound was a mere scratch upon the occiput, yet it was followed by extensive swelling of the face.

These cases, together with the reports of Drs. Osler and Smith, would go to show that this form of edema is not so rare as it is generally supposed. I have been consulted by several patients, who have awakened after a night's sleep and found either one or both eyelids swollen without any apparent cause, there being neither heart-disease nor kidney-disease present. The swelling would usually disappear in the course of an hour or so, and the patient being placed on an iron and tonic treatment for a couple of weeks, no further trouble resulted.

The question naturally arises how far the swelling in those parts of the body that have loose connective tissue may be due to nerve disturbances. In operating by the open method on varicocele and hydrocele, in spite of using drainage, I have always found that there has resulted an immense amount of swelling, that is usually hard, elastic, giving rise to no pain, and not pitting on pressure, the patient's temperature being at the same time normal. In many cases the swelling has been so great that were it not for the fact that the subjective symptoms were natural, and that scarcely any discharge presented itself, a looker-on might easily be led to believe that the drainage-tube was blocked, or that it was inefficient. The swelling, however, readily subsides, leaving the inference that the edema is due to nervous disturbance.

No doubt the lymphatic system is somewhat involved in these edematous conditions, but as to this it is impossible to decide positively.

Neumann has demonstrated experimentally that the lymphatic vessels are narrowed by pressure, and that the lymphatic corpuscles are banked up in the canals, and that they thus aid in the general swelling. This would seem to be substantiated by the fact that an examination by the microscope shows the effused fluid to be composed of leukocytes and clear serum. That in some cases there is an angiomatic condition of the lymph-vessels of the corium, due to an altered nerve-supply, would seem highly probable. For this latter variety Dr. Smith suggests the name of acute neurotic lymphangioma.

A FATAL CASE OF LARYNGISMUS STRIDULUS IN AN INFANT SIX DAYS OLD.

BY W. SINCLAIR BOWEN, M.D.,
OF WASHINGTON, D. C.

ON Monday night, July 28, 1891, I was called to see Mrs. H., aged twenty, a primipara, and found her in the first stage of labor; vertex presentation; position, left mento-anterior variety. The first stage lasted twelve hours; the second, one hour; and the third, ten minutes. The infant, a female, breathed well as soon as born, was well formed, weighing fourteen pounds. Chloroform was used during the delivery of the head and shoulders; there was no laceration of the perineum or indeed any accident to mother or infant, the labor being normal in every respect. So soon as the mother was made comfortable, the infant was put to the breast; it seized the nipple, but obtained little else than colostrum, until the end of the second day, when the milk flowed freely, but was of an unusually yellow color for twenty-four hours. For five days all went well; the infant nursed, emptied its bowels and bladder regularly; at the end of this time the umbilical cord had dropped off. On the sixth day, at my usual morning visit, I noticed that the infant did not nurse regularly or with the same ease as it had; it would seize the nipple for only about a minute at a time, its breathing seeming to be interfered with. I instructed the nurse to hold its head in front of a large window, and with the aid of a small spoon as tongue depressor, I was able to secure a fairly good view of the pharynx, but could see nothing abnormal; nor was there anything to be found by external examination of throat and neck; no glandular enlargements whatever were present. A slight rhinitis was the sole abnormal condition to be detected. Up to this time there had been no marked paroxysm of dyspnea. I ordered a powder of gr. $\frac{1}{2}$ potassium chlorate, with gr. j white sugar, to be placed on the tongue every hour, and told the nurse to keep the patient and surroundings as quiet as possible. I then left and returned after an absence of one hour and a half. At my second visit I found that there had been one marked paroxysm, one-half hour previously, and a second occurred soon after I entered the room. From a condition of quiet and natural repose, with easy and regular respiration, there was noticed a catch in the breathing, followed by more spasmodic respiratory movements, the inspiratory act becoming more and more stertorous until finally suspended. There were general tonic convulsions involving nearly all of the muscles of the body and extremities, especially those of respiration, the thorax becoming hard and immovable; the forearms were strongly pronated, the wrists flexed, and the thumbs bent on the palms of the hand; the head was extended and the lower limbs rigid, giving the body the opisthotonus position. The face and neck became livid and covered with large drops of perspiration. During the attack, death seemed imminent, as neither pulse nor respiration could be detected. After a period of about a minute, but seemingly longer, the spasm relaxed, the pulse returned, also the respiratory movements; not, however, with the noise attending inspiration as at the commencement of the paroxysm; the face and neck resumed the natural color, and the little patient seemed as comfortable as ever before, but refused to

nurse. I diagnosed the case as one of "laryngismus stridulus," and informed the parents of its serious nature. We at once put the infant in a warm bath (96° Fahr.), and I sent for Dr. Richardson, who shortly arrived, and confirmed the diagnosis, as well as the unfavorable prognosis. He advised the use of potassium bromide in gr. j doses, at intervals of half an hour, and this was administered regularly. The paroxysms continued to recur at shorter intervals and with increased severity, and at about twelve that night I began the administration of chloroform by inhalation and prevented any more paroxysms, beginning with the inhalation at the first evidence of an attack, and withholding the anesthetic so soon as relaxation began. During the entire day no nourishment had been taken, and I now began to pour down its throat a little of its mother's milk, freshly drawn, by means of a small spoon. During the four hours following I succeeded in getting it to swallow nearly a glassful of milk, but at the end of this time it died, apparently from exhaustion.

There are two points to be considered in this rather uncommon affection—the paroxysm itself and the underlying general condition giving rise to the spasm. As to the paroxysm itself, I can say that it was very severe, but I do not know what underlying general condition existed to give rise to the spasm.

The infant was large, well proportioned, and gave no evidence of rickets or any other constitutional dyscrasia. The parents are both well developed and healthy. Dr. Morris Lewis, in Keating's *Cyclopedia of Diseases of Children*, says: "When the paroxysm is very pronounced and accompanied by carpo-pedal spasm or merges into general convulsions, the prognosis becomes very grave." Reid states that of 289 cases that he collected, 115 died; and Meigs and Pepper state that of 61 cases, 4 died of intercurrent or consecutive diseases, while of the remaining 57, 32 were cured, and 25 (or about 48 per cent.) died of the malady itself; adding these cases together makes a total of 350, with 140 deaths, a percentage of 40. A disease attended by so great a mortality demands the most careful study and investigation. Treatment in the case just cited proved futile, and a point of great interest I think is in regard to the early use of chloroform by inhalation to mitigate the severity of the paroxysms and prevent their recurrence, rather than admit delay by the use of less speedy and less efficient agents when the symptoms are severe almost from the very outset of the disease.

In other forms of convulsions chloroform is used with most happy results, and by the profession at large it is considered to be "the sheet-anchor" in puerperal convulsions. In infantile convulsions Henoch considers any other initiative treatment a waste of time.

In looking up the literature of the subject I have found no similar case fatal in an infant so young.

TWO CASES OF XERODERMA PIGMENTOSUM.

BY GEORGE MURPHY, M.D.,
OF LEO, INDIANA.

HAVING observed in Taylor's *Atlas* that but forty-one cases of xeroderma pigmentosum had been reported up to the time of the publication of that work, it seemed to me that a report of two well-marked cases in one family

would prove interesting. The parents of the patients were healthy; the father was a farmer. There was no family history of cutaneous affection; nor were the remaining five children affected.

The elder of the patients was a boy a little more than ten years old. At the age of three months it is said that he had a fever, lasting a week, and immediately followed by an eruption of minute vesicles; these were replaced by small areas of pigmentation. In the third year the skin was observed to be hypertrophied in patches, and, subsequently, small tumors, about the size of squirrel-shot, appeared. During the eighth year dark-bluish tumors developed, attaining diameters of from half an inch to an inch and a half; these were somewhat pendulous, resembling large warts; they disappeared by sloughing, or by violence while the child was playing. As the growths disappeared they were replaced by others; and these, in turn, disappeared, until finally there had been at least twelve. The general health of the patient was preserved. About two years ago a slight pannus of the right cornea was observed. At this time the lower lid of the right eye began to be eroded. About a year ago an opacity of the left cornea appeared. Pigmentation was but recently observed upon the arms and forearms. A tumor about three-quarters of an inch in length appeared upon the posterior aspect of the integument of the right helix, separating spontaneously about a year ago. In this situation there is a depression of the integument, and the cartilage at its anterior aspect is somewhat thinned. A small scaly mass developed on the left helix. At present vision in the right eye is lost; the outer half of the cornea and adjacent sclerotic are thinned and staphylomatous, evidently as the result of a previous growth in this situation. The lower right eyelid has been completely destroyed by erosion; its margin is not indurated. There is slight pannus of the inner and upper three-fourths of the left cornea, as well as a small, white growth, about one-fourth of an inch long and about two lines in breadth, upon the external inferior quadrant of the left cornea. The left lower eyelid, with the exception of one-fourth of an inch at the outer extremity, is destroyed. There is suppurative conjunctivitis of both upper eyelids. There is a tumor, three-fourths of an inch in length, situated over the body of the right malar bone; it evidently does not extend beneath the integument. This tumor is somewhat pendulous, is black, and sloughing at the summit. Last week it was one and one-fourth inches in length, but has sloughed off so as to be one-half of an inch less in length at present; it has a circular base.

There is one tumor near the left extremity of the lower lip: about one-fourth of the base of the tumor involves the mucous membrane; the other three-fourths involves the integument of the lower lip. The tumor is one-half of an inch in diameter, circular, and the base slightly narrower than the summit. There is another, of a reddish color, about a sixth of an inch to the right of that last described; it is situated wholly upon the mucous membrane of the lower lip. The tumor on the cheek made its appearance six months ago; the larger one, upon the lower lip, three months ago, and the smaller one a week ago. The greater portion of the integument of the face is shining and atrophied. The portion of the skin of the face not atrophied presents numerous telan-

giectases; the forehead, a large number of the black pigmentoses; and the skin over the entire body is harsh, from apparently unhealthy epithelium. The integument of the superior and inferior extremities is covered by black pigmentoses. The neck and upper part of the chest presents an intermingling of black, brown, and red spots.

The second case is that of a girl, six years old, in whom the disease appeared at the age of three or four months. As in the first case, the onset was preceded by fever. Within two weeks pigmentoses appeared. Some of the patches are now brown, others black. They are present in great abundance on the face, forehead, and outer aspect of the forearms, as well as on the dorsal aspect of the hands. The general health of the child is good. There is slight conjunctivitis of the lower eyelids, as well as hyperemia of the ocular conjunctiva; but none of the small tumors usually described as belonging to the less advanced period of the disease.

A FETAL MONSTROSITY.

BY J. J. CANON, M.D.,
OF MOSCOW, TEXAS.

ON February 3d, I was called to see a primigravid negress, twenty-two years old, who was resting well, with pulse and temperature normal; the bowels were constipated. On inspection I found the abdomen large and tense, presenting a tumefaction with its long axis transverse. On palpation I was able to detect the head of a fetus on the left side. There were no signs of fetal



life. I gave the patient fluid extract of senna to move the bowels. On the following day the os uteri was well dilated, with the breech of the child presenting. A foot was brought down and the labor was completed without any trouble. In grasping the child in delivery the skin peeled off in several places. The mother believed that the child had been dead about forty-eight hours.

The fetus had only a rudimentary brain; one anterior

nasal orifice; hare-lip; cleft palate; the superior maxillary bone being in two distinct pieces.

The feet and hands were extremely large, the fingers unusually long; the body was covered with a fine hair. The head was almost flat, the distance from the glabella anteriorly to a corresponding point posteriorly being but one and a quarter inches.

MEDICAL PROGRESS.

Para-peritoneal Nephrectomy for Tuberculosis of the Kidney.

—RIVIÈRE (*Lyon Médical*, 1892, No. 9, p. 288) has reported the case of a woman, twenty-five years old, who for fifteen months had complained of pain in, and increased frequency of, micturition. In the course of a year, paroxysms of pain in the right loin, lasting for four or five hours, occurred. The urine, on standing, deposited a dense sediment containing pus and minute calculi. The pain subsequently became constant and associated with a sensation of burning. A tumor, painful on palpation, then became apparent in the right loin. Pollakiuria was decided. The temperature rose to 104° and was uninfluenced by antipyretics. The general condition failed. The tumor in the loin was separable from the liver. On palpation, it yielded a sense of elasticity, without fluctuation. On vaginal examination, the anterior wall of the bladder was found to be thickened, indurated and painful; in the right lateral cul-de-sac a painful longitudinal tumor could be felt in the course of the ureter. In the absence of evidence of tuberculous infection, a diagnosis of calculous pyelo-nephritis was made and nephrotomy determined upon. A vertical incision was made between the twelfth rib and the crest of the ilium, outside of the latissimus dorsi muscle. The peritoneum was pushed forward. The kidney when exposed presented many tubercles and granulations. It was decided to remove the organ, and its pedicle was ligated *en masse*, and severed without difficulty and without hemorrhage. The kidney was caseous and excavated, but contained no calculi.

The Action of Soluble Ferments upon the Diphtheritic Poison.—To determine the nature of the diphtheritic poison, GAMALEIA (*Compt. rend. hebdom. des Séances de la Soc. de Biol.*, 1892, No. 7, p. 153) exposed the filtered products of cultures of bacilli of diphtheria to the action of various ferments, and found that of maltin, invertin, emulsin, pepsin, and trypsin only the last two modified the toxicity of the cultures. Pepsin was active only in an acid medium. Doses of the filtered products, otherwise immediately fatal, could, after peptonization, be injected into guinea-pigs without at once causing death. A cachexia, however, was induced that ultimately proved fatal. The explanation is that the diphtheritic poison is an albuminoid substance from which pepsin separates a nucleo-albumin, likewise possessing toxic properties and provocative of a cachectic condition.

It is assumed that the diphtheritic poison does not cause toxic symptoms when introduced into the intestinal canal because the nucleo-albumins are decomposed and the nucleins are not absorbed. It is also believed that the destruction of the diphtheritic poison in the

bodies of refractory animals is not analogous to proteolytic digestion, for this does not destroy the toxicity of the nucleins, the presence of which would give rise to fatal cachexia.

The Blood in Acute Rheumatism.—At a meeting of the Royal Medical and Chirurgical Society of London, GARROD (*British Medical Journal*, No. 1624, p. 335) reported the results of a study of the blood in acute rheumatism, based upon some eighty examinations. It was found that an attack of rheumatism was always attended with a considerable diminution in the number of red corpuscles, the diminution setting in early. When convalescence took place the number was restored to the normal. There appeared to be no connection between the variation in the number of red corpuscles and the temperature-curve. The variation constituted a more delicate index of the activity of the rheumatic process than did the temperature-chart. The changes in the percentage of hemoglobin corresponded pretty closely to those in the number of corpuscles. Exceptionally the relative percentage of hemoglobin was lower than the absolute percentage. No relation was found to exist between the condition of the blood and the presence of urohematoporphyrin in the urine. The anemia of rheumatism thus appears in two forms: an acute oligocytopenia, which is rapidly recovered from and requires no special treatment, and a more chronic condition of pseudo-chlorosis, which may outlast the attack, and in combatting which iron is therapeutically of great value.

The Part Played by the Spleen in Artificial Immunity to Tetanus.—TIZZONI and CATTANI (*Centralbl. f. Bakteriol. u. Parasitenk.*, 1892, No. 11, p. 325) have sought to determine whether the immunity-conferring substance found in the serum of animals inoculated with the products of bacterial activity is introduced from without, or is developed within the organism of the animal, from the irritation of the toxic products; and in case of the latter, whether the property is possessed by all of the elements of the body, or by only certain of them. They inoculated with culture-products of bacilli of tetanus a number of rabbits, at intervals of from fifteen to forty-five days after successful removal of the spleen, as well as a number of control-animals. Under otherwise like conditions, while all of the second group of animals survived, those of the first died within the same time and amid the manifestations presented by animals that were not protected.

Toxicity of the Blood in Mammifera after Removal of the Supra-renal Capsules.—ABELOUS and LANGLOIS (*Compt. rend. hebdom. des Séances de la Soc. de Biol.*, 1892, No. 7, p. 165) have found that in frogs removal of both supra-renal capsules is followed by paralysis and death. Injection of the blood of the dying animals into other frogs is likewise followed by progressive paralysis. In both cases the irritability of the nerves is soon lost, while that of the muscles remain. In guinea-pigs, removal of one supra-renal capsule is not followed by death, while removal of both is followed by death, preceded by paralysis beginning in posterior extremities. Sensibility is apparently preserved. That the paralysis is dependent upon an influence upon the peripheral filaments of the motor nerves is demonstrated

by the fact that the paralysis did not take place in a part of which the circulation was controlled by ligature while the nerve-supply was left undisturbed.

A Case of Combined Paralysis Agitans and Posterior Spinal Sclerosis.—At a meeting of the Berlin Society for Psychiatry and Nervous Diseases, PLACER (*Centralbl. für Nervenheilk. u. Psychiatrie*, February, 1892, p. 5) presented a man, fifty-two years old, who had a history of syphilis of thirty years' standing. At forty-two he had lightning-pains and looseness of the teeth; and potency diminished. Soon, the tremor of paralysis agitans appeared and the face became immobile and expressionless. The pupils were small and irresponsive to light; the knee-jerks were abolished; station was unsteady; the functions of the bladder were deranged. There was some diminution of the pain-sense in the right lower extremity. Memory was enfeebled.

Cholecystocolotomy.—CHAVASSE (*Lancet*, No. 3576, p. 568) has reported the case of a man, forty-eight years old, in whom cholecystotomy for the relief of jaundice, dependent upon biliary obstruction by calculi, was followed by the persistence of a biliary fistula. Other measures failing, with the aid of bone-plates, a communication was established between the gall-bladder and the colon at its hepatic flexure. At first bile and fecal matter were discharged through the abdominal wound, but ultimately this closed, the stools were passed naturally, and the general condition of the patient was much improved.

Radical Treatment of Hernia.—In a paper read before the Philadelphia County Medical Society, SHIMWELL expressed the view that in a number of cases the occurrence of hernia is primarily dependent upon excessive length of the mesentery. In these cases he proposes to accomplish a radical cure by shortening the mesentery. He believes that the operation is unattended with grave danger. He would effect the shortening by folding the mesentery on itself, holding it thus by interrupted sutures.

The Differentiation of Pseudo-leukemia and Glandular Tuberculosis.—WEISHAUPP records an interesting observation in which tuberculosis of the lymphatic glands simulated pseudo-leukemia. A man, twenty-one years old, who applied for treatment in an attack of influenza, had for thirteen years presented glandular enlargement. One of the glands had softened, and a fistula had formed. The urine was albuminous; the spleen and liver were enlarged. Symptoms of bronchitis were present, and there was febrile movement. Tubercl-bacilli were sought for, but not detected. Death took place, and lymphomata were found in the neck and abdomen; small lymphoid nodules in the lungs, kidneys, and liver. The evidences of bronchitis and catarrhal pneumonia were present, as well as ulceration of the bowel. Based upon the macroscopic examination, a diagnosis of pseudo-leukemia was made. Microscopically, however, it was demonstrated that the lymph-glands were in a condition of hyaline necrosis, and contained tubercle-bacilli. Tubercl-bacilli were also found in the margins of the intestinal ulcers, but not in the lungs, kidneys, or liver.—*Centralbl. f. klin. Medicin*, 1892, No. 10, p. 193.

THERAPEUTIC NOTES.

Tumenol in Dermatologic Practice.—Tumenol is the name given to a preparation recommended by NEISSEER (*Deutsche medicin. Wochenschr.*, 1891, No. 45) as an efficacious remedy for some forms of eczema and for the relief of itching. Like ichthylol, tumenol is prepared from the bituminous layers of earth. While the basis of ichthylol is a substance containing a large proportion of sulphur, that of tumenol consists of unsaturated carbohydrates having a strong affinity for oxygen and acting as reducing agents. Tumenol is obtained from these carbohydrates by the action of concentrated, fuming sulphuric acid. Tumenol is not an elementary body, but a mixture of tumenol-sulphone, or tumenol oil, and tumenol-sulphonic acid, or tumenol powder. Tumenol is with difficulty soluble in water, but makes a clear solution with a mixture of alcohol, ether, water, and glycerin. Tumenol has been employed as an ointment (from 5 to 10 per cent.); tumenol oil has been used pure or as an ointment; tumenol-sulphonic acid has been used as a powder or in a 5 per cent. solution in water. Tumenol is of black color; it leaves no permanent stains upon linen; it has a faint, inoffensive odor; it has no antiparasitic activity; it is non-toxic to animals; it is but slightly irritant. The therapeutic applications of tumenol are: 1, as a drying, antiphlogistic agent, facilitating cicatrization, especially in moist eczemas, erosions, excoriations, superficial ulceration; 2, to relieve itching, not only in parasitic dermatitides and in eczema, but also in forms of prurigo and pruritus.—*Berliner klin. Wochenschr.*, 1891, No. 10, p. 235.

Thymacetin.—At a meeting of the Berlin Society for Psychiatry and Nervous Diseases, JOLLY (*Centralbl. für Nervenheilk. u. Psychiatrie*, February, 1892, p. 50) reported results obtained from the employment of thymacetin (a white, crystalline powder, insoluble in water) in doses of from four to fifteen grains, in thirty cases of headache of varied kind. True hemicrania was scarcely influenced; considerable relief was afforded in one case, but unpleasant secondary manifestations occurred. In a number of cases of habitual diffuse headache or transitory headache, the pain was usually mitigated. In cases of headache of organic cerebral origin the remedy was without effect. It proved serviceable in cases of neuralgic headache. The result was variable and uncertain in cases of morphinism. Thymacetin acted much like phenacetin. It may cause a sense of fulness and throbbing in the head; the pulse may be retarded; drowsiness may be induced. In sixteen of twenty-six cases a dose of seven and a half grains acted as a hypnotic.

Toxic Symptoms from Sulphonal.—KOBER (*Centralbl. für klin. Medicin*, 1892, No. 10, p. 185) reports the case of a woman, fifty-two years old, with a tendency to melancholia, who suffered from marked insomnia, for which sulphonal was prescribed in doses of from seven to twenty-two grains daily. Some amelioration of the symptoms followed, but nausea, vomiting, abdominal pain, constipation, increased thirst, and apathy developed; while the urine, which assumed a Burgundy-red color, was eliminated at infrequent intervals in diminished quantity. The urine at first contained no albu-

min and no formed elements, and at no time sugar, but subsequently albumin and casts of various kinds appeared. Investigation disclosed the fact that the discoloration was due to the presence of hemoglobin. Red corpuscles were not found, nor could sulphonal be detected in the urine. Despite the withdrawal of the drug, the symptoms persisted and the patient died of heart-failure.

Morphine in Heart disease.—HERVOUET (*Revue gén. de Clin. et de Thér.*, 1892, No. 4) maintains that passive hyperemia is not a contra-indication for the employment of morphine or opium in cases of disease of the heart. With the venous congestion is usually associated arterial anemia. By removing dyspnea and nervous manifestations morphine may succeed when other remedies have failed. In some instances, morphine acts not only as a calmative, but also as a stimulant, increasing the powers of the patient and fortifying the action of other medicaments. The presence of albumin in the urine is not a contra-indication for the employment of morphine when the albuminuria is dependent upon the disease of the heart. It has been demonstrated that morphine may also with advantage be injected subcutaneously in the uremia of chronic nephritis.—*Centralbl. f. die ges. Therapie*, 1892, x, 3.

The Treatment of Posterior Spinal Sclerosis by Extension.—BENEDIKT (*Wiener medizin. Presse*, 1892, No. 1, p. 4) reports the employment of extension of the vertebral column in a considerable number of cases of posterior spinal sclerosis, with most happy improvement in gait and station, and with mitigation of the neuralgic pains. He employed a modification of a method originally described by Bonuzzi, in which no apparatus is required. The patient is made to lie supinely on a table, bed, or sofa, with the head and upper portion of the spinal column partially elevated, while the lower extremities are grasped at the ankles and carried upward over the body and brought down over the shoulders. In this way it has been demonstrated, a considerable degree of extension of the spinal column is obtained. The method possesses manifest advantages over suspension.

Antiseptic Diuresis.—The following formula is recommended in infectious nephritis for its diuretic and antiseptic effects:

R.—Sodii benzoatis 3iv.
Aceti scillæ
Syrup. aurantii cort. } aa f 3jss—M.

S.—A teaspoonful every hour or two, according to age.—*Rev. de Thér. Méd.-chir.*, Nov. 5, 1892.

For Cardialgia.—In some cases of cardialgia in hysterical and neurasthenic subjects, good results have been obtained by the employment of tincture of *piscidia erythrina*, in doses of twenty drops, given daily.—*Deutsche med. Wochenschr.*, 1892, No. 7.

Creasote for Influenza.—ISELIN (*Corr.-bl. f. Schw. Aerste*) recommends creasote in doses of from fifteen to seventy-five minims daily in the treatment of influenza.—*Deutsche med. Wochenschr.*, 1892, No. 7.

THE MEDICAL NEWS.

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SATURDAY, APRIL 16, 1892.

CONSULTATION WITH SECTARIANS AND QUACKS.

WE are in receipt of a letter, asking advice upon the subject expressed in the caption of this article. Our correspondent says:

"There is a man here who tried to graduate from the University of Pennsylvania, but failed three times. He then attended some homeopathic college, and graduated. He prescribes for or treats patients according to whichever school they wish. As a young physician, I am advised to keep clear of him, yet Dr. —, an elder graduate, meets him, particularly when there is a \$10 bill waiting. Dr. — is a member of — County Medical Society, and if it is right for him, why not for me, who need a \$10 fee more than my older brother? Yet I have refused three consultations, or \$30, for fear that I would be violating that code held so sacred by physicians. Sometimes good physicians blunder on these so-called quacks, meet at the bedside, discuss the case privately, advise as to future treatment, collect \$10, but *say* that no consultation has been held. What is right? What is wrong? Tell me that I may know if I am justified in foregoing the money I, as a struggling young man, so much need."

Before replying to the quoted portion of this letter, we desire, in passing, to deprecate the use of

the terms "regular" and "irregular" practitioners, elsewhere employed by our correspondent.

There are but three possible divisions of medical practitioners—physicians, sectarians, and quacks. The physician is catholic, the sectarian is exclusive, and the quack is commercial. The true physician and the true sectarian may be both honest. The quack may be scientifically educated or grossly ignorant; he may belong to the so-called "regular profession," to one or all of the "irregular" sects, or be openly an Ishmaelite. His actions, not his pretences, determine his standing.

The question put by our correspondent was discussed at length at a meeting of the Philadelphia County Medical Society, and two papers taking opposite views of the question were published in THE MEDICAL NEWS for October 18, 1889. To them we would refer our correspondent for a more detailed consideration of the theme than our present space will permit.

One of the authors contended that, while it is the duty of members of the American Medical Association to obey the code, which at present forbids consultation with those professing to base their practice on therapeutic dogmas, to the exclusion of accumulated experience, and the aid of the sciences collateral to medicine, yet that the construction of that prohibition as against educated homeopathic practitioners was unwise and unjust. He claimed that at the Hahnemann Medical College, of Philadelphia, the text-books and methods of instruction were the same as those employed at the University of Pennsylvania and at Jefferson Medical College—that the graduates of Hahnemann College were therefore thoroughly educated physicians, and hence one might properly meet them upon an equal footing at the bedside. In reply, it was argued that homeopathy, if it meant anything at all, meant exclusive treatment on the principle of *similia similibus curantur*; that hence there was no possible common ground upon which those who consistently believed in and practised homeopathy (honorable sectarians), could meet physicians, in consultation, and that consultation, being thus doomed from the first to be fruitless, was manifestly immoral. It was further urged, that if, on the other hand, the person calling himself a "homeopath" did not honestly believe in the doctrines and carry out the practice of his sect, he was a not-honorable impostor, and that while agreement as to treatment might be possible, yet to meet such a one in consultation would be to

condone his duplicity and thus partake in his dis-honor. The almost unanimous voice of the Society was with the latter speaker.

Persons of the kind alluded to by our correspondent, who profess to practise according to either "old school" methods or "new school" methods, as their patrons may wish, are so manifestly incompetent, insincere, and commercial, that we fail to understand how the thought of meeting them in consultation can for one moment enter the mind of any honorable physician. The man whose honor can be purchased for \$10 or for \$10,000 is unfit for membership in any decent society, medical or non-medical.

It has been well said by a leading jurist of this city: "He that studies the provisions of the law that he may do everything not punishable, has our just contempt." In line with this thought is the position of THE MEDICAL NEWS, that consultations with quacks, and other acts forbidden by the code of the American Medical Association, are not to be avoided merely because they are thus forbidden, but because such acts are wrong in themselves, and will continue to be wrong, even though the efforts of the mercenary and the misguided should succeed in effecting the formal repeal of the prohibitory statutes. We congratulate our correspondent upon his firmness in refusing to follow the bad example of Dr. —.

The question herein considered is one of simple honesty. It has nothing to do with the correctness or incorrectness of the "homeopathic," "naturopathic," "rectopathic," "hydropathic," "psychopathic," or any other "pathic" dogmas. We recognize that applied therapeutics is an art, not an exact science, and that men have a right to differ in opinion and in method.

If those graduates of the Hahnemann or any other sectarian college, who have abandoned Hahnemannian practice—and only such ask for consultation with physicians—would publicly renounce their previous contentions in favor of the exclusive truth of the so-called "law of similars," drop the name of "homeopath," and submit to examination by a properly constituted committee of any State or county medical society, we would not oppose their admission to that society, and their full and free recognition as physicians. So long, however, as the commercial value of the name "homeopathy"—and such a value it undoubtedly has, in common with mesmerism, faith-cure, "professional" and "non-

professional" patent medicines, and other impositions—so long as the trade-mark value of the name "homeopathy" prevents these men from adopting the open and manly course indicated, we do not see how self-respecting physicians can consent to professional association with self-confessed medical tradesmen.

OCULAR INJURY IN FORCEPS-DELIVERIES.

UNDoubtedly the difficulties encountered in the delivery of the fetal head by the aid of forceps may excuse the somewhat frequent injuries inflicted in the performance of this delicate operation, but it may also be said that obstetricians may too often have ignored the severe injury to the eyes that may be caused by malposition of the blades of the instrument. These traumata may serve to make one more slow to apply the forceps, and also more careful when their application is ultimately required by the exigencies of the case. The few cases that have been reported serve to suggest many that are not reported, and yet taken together there may be gathered quite a large number on record. Several cases of luxation of the globe are mentioned by ZANDER and GEISSLER (*Die Verlets. d. A.*, 1864), and one by BULLER (*Canada Med. Record*, 1887). BERGER (*Arch. f. Aug.* xvii, 1887) reports a case of paralysis of the levator palpebræ and superior rectus, with ptosis.

PAUL BLOCH (*Centralbl. f. prak. Augenheilk.*, May, 1891) enumerates 438 cases of paralysis of the abducens in 116,000 patients who visited PROF. HIRSCHBERG's eye clinic from 1869-90. Of these, 31 were congenital, and 3 of these originated during birth from the use of the forceps. He has compiled the literature of the subject of forceps-injuries as follows: ZWEIFEL (*Lehrbuch der Geburtshilfe*) attributes traumatic exophthalmos to compression of the cranial bones, and states that eye-lesions are known to be produced by introduction of the forceps. OLSHAUSEN (*Volkmann's Vortr.*, 1870, i, 8) describes creases over the eye as due to the use of forceps. PAJOT (*Thèse*, Paris, 1853) mentions slight ecchymoses, particularly on the upper eyelids, in difficult births and where the forceps was used, which DUBois considered due to compression, and which occasionally furnished the starting-point for inflammation of the lids. BOUCHUT (*Traité des Maladies des Nouveau-nés*, 1862) observed fracture of the frontal bone, with complete exophthalmos, following the use of the forceps. FEHLING (*Peter Müller's Handb. der Geburtshilfe*) mentions the

presence of marked edema of the eyelids and temporary ptosis following the application of the forceps. KUSTNER (*Peter Müller's Handb. der Geburtsh.*, 1889) gives a very detailed report of injuries of the orbital region in births in which the forceps was used. SCHROEDER mentions among the injuries due to forceps, fractures of the bones of the roof of the orbit, with exudations into the cerebrum. LOMER found in twenty-seven cranial fractures due to the use of the forceps, ten fractures of the frontal bone in which the pars orbitalis was implicated four times. He also reports a case delivered by SCHROEDER in which there was exudation of blood into the anterior chamber of right eye, with slight exophthalmos. HOFMANN (*Monatsschrift f. Geburtskunde*, 1854) reports two cases of exophthalmos in children of the same woman. In one instance there was fracture with deep depression of the roof of the right orbit and wing of the sphenoid, together with fissure of the roof of the orbit on the left side. Other cases of similar injuries are reported by NADAUD (*Les Paralysies Obstétricales des Nouveaux-nés*), COCCIUS (*Programm einer Gedenk. f. G. Rose*, Leipzig, 1870), STEINHEIM (*Deutsche med. Wochenschr.*, 1883, No. 17) and others.

TUBERCULOCIDIN—A REMEDY FOR TUBERCULOSIS.

WHEN, more than a year ago, the announcement was made that a remedy for tuberculosis had been discovered, the entire civilized world was carried away by the enthusiasm of the moment. It required the bitter lesson of experience to demonstrate that a remedy so potent for good as tuberculin was believed to be, was also capable of incalculable mischief. The reaction was so decided, the disappointment so keen, that complacent faith gave way to extreme skepticism; and to-day reports of wonderful results in the treatment of tuberculosis are viewed with querulousness, if not with suspicion. Earnest investigators have, however, devoted themselves to the problem, and it seems as if the promise of the first announcement would yet be realized. In the *Deutsche medicinische Wochenschrift*, 1891, No. 45, p. 1233, KLEBS reported that by precipitation with platinum chloride and the so-called alkaloid reagents he was able to separate from tuberculin the substances upon which the deleterious effects of tuberculin depended, leaving in solution an albumose, which

he believed to be the curative agent, and to which he has given the name *alexin* or *tuberculocidin*. Experiments upon animals showed that tuberculocidin fails to exercise the depressing influence upon the circulation that tuberculin does, and that, unless the dose be excessive, there is no febrile reaction. On the contrary, the treatment causes a dissipation of hectic fever.

KLEBS (*Die Behandlung der Tuberkulose mit Tuberculocidin*, Hamburg and Leipzig, 1892) believes that the efficacy of tuberculocidin depends upon an influence exerted on the tubercle-bacilli, resulting in their degeneration. Thus, large doses, by causing rapid disintegration of tubercle-bacilli, cause some elevation of temperature by a form of auto-inoculation with tuberculin. Tuberculocidin does not cause necrosis of tuberculosus tissue, with dissemination of bacilli, and the development of a miliary tuberculosis. The process appears to be one of involution, associated with exudation. That tuberculocidin is not merely an attenuated form of tuberculin is demonstrated by the fact that, although the former represents by weight one-fortieth of the latter, an injection of a decigram (0.1) of the one is followed by no elevation of temperature, while an injection of two and a half milligrams (0.0025) of the other is followed by febrile reaction. In man the initial dose of tuberculocidin is about two milligrams (0.002); if this occasion no unpleasant manifestations, the dose is rapidly increased to a decigram (0.1), or a decigram and a half (0.15). Hectic fever constitutes no counter-indication; energetic treatment may cause its disappearance. The injections should be made daily for a month, and then be intermittent for a month, to be resumed or not, according to the indications present. When indicated, other therapeutic measures may be advantageously employed in conjunction with the injections. Nearly a hundred cases, principally of pulmonary tuberculosis, have been treated with tuberculocidin. Of seventy-five in which a reasonable time had elapsed, fourteen were cured; forty-five were improved; fourteen remained unimproved; and two died. Complications were universally wanting.

The results reported are most encouraging. We have learned not to be over-sanguine, and we shall await with much interest the outcome of the investigations now in progress that promise so much in the treatment of a disease the curability of which we have only recently learned to appreciate.

REVIEWS.

THE PRACTICE AND PRINCIPLES OF MEDICINE. DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE. By WILLIAM OSLER, M.D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore, etc. Large 8vo, pp. xviii, 1078. New York: D. Appleton & Co., 1892.

By reason of extensive clinical, pathologic, and teaching experience, of exceptional opportunity and broad training, and of rare scientific attainments, there are few men better qualified than Dr. Osler to write a work on the Practice of Medicine. Here in Philadelphia, where Dr. Osler spent but too few busy years, he will not soon be forgotten; the impress of his work and character will long remain, and the impetus given to careful pathologic study and observation will be transmitted through his colleagues, his assistants, and his pupils. To say that Dr. Osler has performed his task well, is but to echo the verdict concerning the work he has done in the past. If there were one fault of which we would complain, it is expressed in the wish that he had said more than he has. Everywhere throughout the work one feels the delightful personality of the man. Every page contains evidences of original observation and is marked by an enlightened conservatism.

It would be difficult to select any one section and say that it is much better than the others. All are conspicuous for their comprehensiveness. The descriptions are in places concise, but there are no important omissions.

The chapter on Tuberculosis, which, in accord with modern conceptions, is placed among the infectious diseases, is particularly full and brought up to date. The subject is considered under the subdivisions: (a) acute (general, miliary) tuberculosis; (b) tuberculosis of the lymph-glands ("scrofula"); (c) pulmonary tuberculosis: (1) tuberculo-pneumonic phthisis (acute phthisis), (2) chronic ulcerative phthisis, (3) fibroid phthisis; (d) tuberculosis of the serous membranes; (e) tuberculosis of the alimentary canal; (f) tuberculosis of the liver; (g) tuberculosis of the brain and spinal cord; (h) tuberculosis of the genito-urinary apparatus. In a classification otherwise so complete it might have been well to have included also tuberculosis of the bones and joints, and tuberculosis of the skin. We think, too, the word phthisis might well have been permitted to drop into the obscurity out of which it originated, as the name but perpetuates a false or inadequate pathologic conception.

The article on Syphilis is a praiseworthy one. There seems, however, to be some inconsistency in the statements that "clinically, pulmonary syphilis is not of much importance, as the cases can rarely be diagnosed," and that "the diagnosis of syphilis of the liver is very important, since upon it the proper treatment depends." The second dictum is the correct one and applies equally to all organs.

In the definition of pneumonia it is said that "an organism—the *diplococcus pneumoniae*—is invariably found in the diseased lung." The statement is too sweeping, and liable to give rise to misapprehension, as

at least one other organism seems to be the etiologic factor in a not inconsiderable proportion of cases.

We think, too, the word carcinoma had better have been substituted for cancer. Cancer has been and is yet occasionally employed to designate malignant neoplastic disease, including carcinoma and sarcoma especially. A proper use of the specific designation will in every case tend to prevent possible confusion.

There seems to have been a difference between the author and the proof-reader as to the correct spelling of the word characterize.

Dr. Osler's work needs no special laudation. It speaks for itself. We most heartily commend his *Practice of Medicine* to those who desire to be in possession of the most recent and best knowledge on the subject with which it has to deal.

DISEASES OF THE THROAT, NOSE, AND EAR. A CLINICAL MANUAL FOR STUDENTS AND PRACTITIONERS. By P. McBRIDE, M.D., F.R.C.P. Edin. With colored illustrations from original drawings. Philadelphia: P. Blakiston, Son & Co., 1892.

THIS book, as the author states in the preface, is designed for the student and general practitioner rather than for the specialist. The student will find it a most excellent manual, but for the general practitioner, with his multifarious duties, it is altogether too technical and voluminous. Owing to the great difficulty in examination of the parts, the majority of diseases of the throat, nose, and ear, cannot be diagnosed, to say nothing of treatment, by any but those specially trained in manipulative skill and use of instruments. The book, therefore, will appeal particularly to those engaged in this special work, and to such it will be almost invaluable. In a clear, direct manner are presented the results of the experience of some of the best teachers in two countries. While it may be argued that there is little in the book that is new, it must be acknowledged also that there is little that is not good.

Divided into four sections, the work treats of diseases of the pharynx, of the larynx, of the nose, and of the ear.

A regular systematic course is followed throughout each section. We are struck by the small list of remedies recommended. Peroxide of hydrogen and ichthylol, so valuable in atrophic rhinitis, are omitted entirely in this connection, although the former is mentioned as a possible remedy in chronic suppuration of the middle ear.

The section on diseases of the pharynx is specially interesting and generally valuable, because, of all the parts, the pharynx is the most accessible. Like those who have preceded him, however, the author has not done justice to the tonsil, which is responsible for so much trouble in this region. He says nothing of the peculiar adhesions of the pillars of the fauces, and the muco-muscular bands or capsules that often surround and envelop the tonsil, blocking up secretions and causing inflammation of adjacent parts.

In the diagnosis and treatment of laryngeal tuberculosis, Koch's tuberculin is mentioned, but no positive opinion is given as to its value.

In the last instructive section, on diseases of the

ear, several operative procedures, such as opening the mastoid cells and antrum, are clearly and accurately described; but the operation, for which some of our American aurists hope and claim so much, namely, removal of membrane and ossicles for deafness and chronic suppuration, is only referred to as a somewhat doubtful experiment. The work is extremely conservative throughout, and surgical interference is recommended only when less radical measures are sure to fail.

On the whole, there is little in the book that we would have different. The expression "rude health" for good health, is a criticisable colloquialism.

A PRACTICAL MANUAL OF DISEASES OF THE SKIN. By GEORGE H. ROHÉ, M.D., Professor of *Materia Medica, Therapeutics, and Hygiene*, and formerly Professor of *Dermatology* in the College of Physicians and Surgeons, Baltimore, etc. Assisted by J. WILLIAMS LORD, A.B., M.D., Lecturer on *Dermatology and Bandaging* in the College of Physicians and Surgeons; Assistant Physician to the Skin Department in the Dispensary of Johns Hopkins Hospital. 12mo, 303 pages. Philadelphia: The F. A. Davis Co., 1892.

OUR knowledge of diseases of the skin has increased so largely during the past ten or fifteen years that it is no longer possible for an author to give a complete *résumé* of dermatology in the space occupied by a handbook. An abstract may, of course, be prepared in the compass of such a book, but the information contained in such works is not sufficient for the needs of the practitioner. In the book before us matters are left out concerning which physicians, we think, would like to be informed—such, for example, as the newer modes of applying remedies, as with plasters, salve-muslins, and pastes of different kinds. The views expressed, on the whole, are such as govern the teachings of the majority of American dermatologists, although we note statements that must needs stand correction, such as that lichen scrofulosus "has not been observed in the United States."

The treatment of leprosy is dismissed with literally a half-dozen lines, being altogether insufficient for so important a subject. The chapter devoted to the cutaneous manifestations of syphilis is the longest and the best. Authors are quoted here and there, but, as a rule, without the references being given. The pathology and etiology of the several diseases are hardly up to date, the mention of the influence of microorganisms, as in furuncle and syphilis, being omitted. Psoriasis, which has excited so much interest and discussion of late, is not referred to. Urticaria pigmentosa is likewise not mentioned. Attention is called to these few points with the hope that in the next edition they may be incorporated, to the improvement of the book.

THE ETIOLOGY, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HIP-JOINT. By ROBERT W. LOVETT, M.D. Boston: G. H. Ellis, 1891.

THIS admirable little book of Dr. Lovett's secured the Fiske prize in June, 1891, and is a most carefully prepared treatise upon the various diseases of the hip-joint, with especial reference, of course, to tuberculous

articular osteitis. He devotes, however, excellent chapters to acute arthritis and synovitis, as well as to arthritis deformans, Charcot's disease, congenital dislocations, and hysterical affections. His work shows careful consideration of the most recent pathologic views relating to local tuberculosis as it affects the bones and joints. His description of the invasion of the joint from tuberculous foci in the epiphyseal line of the femur accurately expresses the ordinary course of this most insidious lesion. He does not deny the fact that cases occasionally arise within the joint, but they are exceptional. The action of traumatism and heredity, both of which lessen the resistive power of the individual against the degenerative process, is well considered.

He divides the treatment into mechanical and operative, the mechanical methods being subdivided into—

- (a) Protection.
- (b) Fixation.
- (c) Traction.

He argues in favor of traction both in the recumbent and erect postures, and wisely insists that any apparatus tending to limit motion at the hip must extend high enough to embrace the bones of the thorax.

With good reason he advises the use of axillary crutches and of a high shoe on the well foot even when the long traction splint is used.

The sentence on page 123 is especially to be commended. "The writer would gladly advocate in any way the necessity of greater joint-rest in connection with ambulatory traction treatment."

His description of the operative treatment of hip disease is meager and is limited to excision. No mention is made of the more recent treatment by iodoform injections into the joint and into the tuberculous tissue.

The paper and the style of the book is excellent, and the reproductions of the photographs (which are numerous) are in many instances exceedingly satisfactory. Altogether the work is most heartily to be praised.

A DICTIONARY OF TREATMENT; OR THERAPEUTIC INDEX, INCLUDING MEDICAL AND SURGICAL THERAPEUTICS. By WILLIAM WHITLA, M.D., Professor of *Materia Medica and Therapeutics* in the Queen's College, Belfast, etc. Revised and adapted to the *Pharmacopoeia of the United States*. 8vo, pp. 920. Philadelphia: Lea Brothers & Co., 1892.

THIS is a book for the busy general practitioner. It is more than a therapeutic index, presenting as it does clinical therapeutics in its broadest aspect. The names of diseases and of prominent conditions and symptoms are arranged alphabetically, while under each title is presented a concise yet thorough consideration of the best and generally accepted methods of treatment, precedence generally being given to those the efficacy of which has been demonstrated in the experience of the author. No department of medicine has been ignored. Some of the articles are quite full, while none have been treated superficially. It is upon these facts that the usefulness of the work for the general practitioner depends. Thus, we find that the article upon Phthisis occupies twenty-four pages, while nine additional pages are given to the subject of Tuberculosis, including a consideration of phagocytosis and of the therapeutic employment of

tuberculin, of goat's blood, of the serum of dog's blood, of potassium cantharidinate and of zinc chloride; the article on Typhoid Fever occupies sixteen pages; that on Valvular Lesions of the Heart fifteen pages, while more than five additional pages are taken up with a consideration of the treatment of other morbid conditions of the heart; fifteen pages are devoted to Neuralgia, eleven to Syphilis, Cancer, and Insomnia, each; and ten to Bronchitis, Croup, Diabetes, and Rheumatism, each; Eczema is given nine pages; Lupus Vulgaris, eight; Ovarian Tumors receives eight; Inflammation of the Ovary, an additional three; the treatment of Stricture of the Urethra occupies seven, that of Intestinal Obstruction six, and that of Hernia six in addition; Locomotor Ataxia receives five pages; Conjunctivitis, four; Mastitis, four; Labor, three; and Abortion, three. An index of nineteen pages gives completeness to the work, and renders reference easy. Legitimately used, this book will be of great assistance to the medical practitioner.

THE HYDRIATRIC TREATMENT OF TYPHOID FEVER, ACCORDING TO BRAND, TRIPIER AND BOUVERET, AND VOGEL. By CHR. SIHLER, M.D., Ph.D., Professor of Histology in the Medical Department of the Western Reserve University; formerly Fellow of the Johns Hopkins University, and Assistant in the Biological Laboratory. 12mo, pp. 340. Cleveland, Ohio: Chr. Sihler, 1891.

WHEN the fellows that "only heard of it last night" become so enthusiastic over a therapeutic expedient, as has been the case recently in certain quarters with regard to the method of treatment of typhoid fever by systematic cold-water bathing, it is not unwise to return and give credit with due thanks to the original source.

For this reason we welcome Dr. Sihler's little book, in which, so far from claiming to be the discoverer of this method, which is unquestionably the treatment *par excellence* in typhoid fever, the author has been careful to give due credit to Brand, the originator, and to Vogel, Tripier and Bouveret, Glénard, and the other devoted disciples in Germany and France, to whom the final and full establishment of the method in professional recognition is due.

The object of the author—"to enable the medical profession of the United States to use the hydriat[er]ic method in the treatment of typhoid fever; to enable the physician to become familiar with the details of the method; to inform him about the modifications necessary in special cases; to give him a rationale for its mode of action; to state the results obtained by others"—has been well carried out, and despite the many unfortunate typographic blunders, and generally poor book-making, we can cordially commend the work to every practitioner who desires to be fully informed on one of the most important subjects in practical medicine.

There is hardly another instance in the history of medicine in which, despite the scoffing of the prejudiced, the blunders of the incompetent, and the sneers of the ignorant, a physician has for so long a period, so modestly, so courageously, and so scientifically persisted in a course which he knew to be right, as has Ernst Brand, of Stettin, and his name deserves to be enrolled in the short list of the benefactors of humanity.

THE COMPARATIVE ANATOMY OF THE DOMESTICATED ANIMALS. By A. CHAUVEAU. Revised and enlarged by S. ARLOING. Second English edition, translated and edited from the fourth French edition by GEORGE FLEMING, C.B., LL.D., F.R.C.V.S. New York: D. Appleton & Co., 1891.

FOR nearly forty years Chauveau's *Traité d'Anatomie Comparée des Animaux Domestiques* has been the standard anatomy at the French veterinary schools, and for nearly twenty years Fleming's translation has occupied a like position in England and America.

Many works treating of the same subjects have appeared during the last two decades in both languages, but no author has equalled Chauveau in accuracy, thoroughness, or clearness of description; so that his work retains its high position. But an anatomy, however good originally, must grow old in twenty years, and it is, therefore, fortunate that a new edition has been issued.

The new Chauveau is larger and better than the old; the descriptions are revised, parts have been added, and new cuts inserted. As new features we notice the parts relating to the anatomy of the ass, of the camel, and of the rabbit.

Throughout the work the horse is taken as the standard, and most of the anatomic descriptions are based on this animal, while the others are studied by comparison.

The first chapter is devoted to defining the positions of the domesticated animals in nature and to general considerations, and is followed by descriptions of the various parts of the body, beginning with the organs of locomotion and ending with a chapter on embryology.

Minute descriptions are given for dissection, so that the book is adapted to the wants of the beginner as well as to those of the specialist.

The work is so perfect throughout that there is no single part to which we can call particular attention; and simply commend it as the best guide to the study of the anatomy of the domesticated animals.

The work comprises 1084 pages, and is nicely printed on good paper.

THE CHINESE: THEIR PRESENT AND FUTURE; MEDICAL, POLITICAL, AND SOCIAL. By ROBERT COLTMAN, Jr., M.D., Surgeon in charge of the Presbyterian Hospital and Dispensary at Teng Chow Fu, etc. Illustrated with fifteen fine photo-engravings. 8vo, pp. viii, 212. Philadelphia and London: F. A. Davis, 1891.

DR. COLTMAN writes in an entertaining way of his early interest in the Chinese, and of his final determination to visit that country as a medical missionary. He travelled through the country from Shanghai to Chinanfu, where he was stationed, and evidently used both his eyes and his ears. His remarks upon the manners and customs, the social habits, the food, the position of woman, and the vices of the Chinese are all instructive.

The most interesting chapters to the physician are those upon the diseases prevalent in China and upon leprosy. Dyspepsia and other diseases of the alimentary tract are the most common. Next in frequency are eye-diseases of all kinds. Variola is extremely common, Dr. Coltman declaring that nearly everyone has it at

some period of his life. Vaccination is practised, but the virus is in many cases impure, and the author believes that syphilis and tuberculosis are often communicated by it. Measles and scarlet fever occur occasionally; typhus is frequent in North China, and is associated with relapsing fever; cholera is epidemic every few years, and malarial fevers abound. In fact, most of the specific fevers and diseases are encountered, at least, occasionally.

As regards leprosy, Dr. Coltman thinks it cannot be very contagious or infectious, because, "in spite of the fact that the leper is under no quarantine regulation of any kind, leprosy has not spread to any appreciable degree in the last century." He believes, however, that it is in most cases hereditary; that it is inoculable, and that the previous saturation of the body with syphilis affords a favorable soil for the development of the disease.

We are rather surprised at his assertion that the Chinese are no more immoral than Americans or English. Private letters from the north of China had produced a very different impression.

CONSUMPTION—HOW TO PREVENT IT AND HOW TO LIVE WITH IT; ITS NATURE, ITS CAUSES, ITS PREVENTION, AND THE MODE OF LIFE, CLIMATE, EXERCISES, FOOD, CLOTHING NECESSARY FOR ITS CURE. By N. S. DAVIS, JR., A.M., M.D., Professor of the Principles and Practice of Medicine, Chicago Medical College, etc. 8vo, pp. viii, 143. Philadelphia and London: F. A. Davis, 1891.

THIS little book has been written for patients—not for physicians. The author has sought to impart such information regarding the prevention of pulmonary tuberculosis and its hygienic management as he has found by experience that patients need. He accepts the tubercle-bacillus as the cause, and believes that a predisposition to the disease is inherited. He denies positively that it is contagious, says nothing about infection, and yet insists upon the greatest care in the destruction of the sputa; declares that a tuberculous mother should never suckle her children, and that care should be exercised to avoid milk from tuberculous cows. It has always seemed to us difficult to deny the possibility of contagion in an infectious disease.

Much useful information is given as to the choice of climate, food, exercises, and clothing. Many will not agree with Dr. Davis that those who suffer from frequent hemorrhages are benefited by a sea voyage, and we think he speaks too highly of the general good effects of sea-air in pulmonary tuberculosis.

The book, as a whole, will be very helpful to patients who need elaborate instruction and are intelligent enough to follow it.

FOOD IN HEALTH AND DISEASE. By I. BURNETT YEO, M.D., F.R.C.P., Professor of Clinical Therapeutics in King's College, London, etc. Small 8vo, pp. x, 583. Philadelphia: Lea Brothers & Co.

DOCTOR YEO is so favorably known both as a clinician and as a writer on dietetics that we have learned to look with confidence and authority upon any work emanating from his pen. As the digestive canal is so

commonly the portal of entry, directly or indirectly, of disease, a study of conditions in which it takes a conspicuous part must receive most earnest consideration. The preservation of health implies the maintenance of an equitable adjustment between income and expenditure. It is established that the underfed fall ready prey to disease; the overfed and the badly-fed may be included in the same category. Nothing can be clearer than the inference that if immunity from disease depends, among other things, upon the quality of the bodily fluids, such protection can be most readily secured by the establishment of the highest nutritive condition. This end is not to be attained by means of drugs, but by the judicious use of food. The art of dietetics is even more important than that of therapeutics; it is the office of the former to aid in repelling as well as in curing disease. Even in many conditions of disease the best treatment consists in encouraging through the nutrition the natural tendency to recovery. Dr. Yeo fully considers the subject of food in all its varied aspects: its nature, origin, and purposes; its digestion, assimilation, and utilization; its cooking, preparation, and preservation. An appendix contains dietaries for hospitals and invalids. A careful perusal of this work will repay those interested in the philosophic, physiologic, and therapeutic aspects of food.

A B C OF THE SWEDISH SYSTEM OF EDUCATIONAL GYMNASTICS. A PRACTICAL HANDBOOK FOR SCHOOL-TEACHERS AND THE HOME. By HARTVIG NISSEN, Instructor of Physical Training in the Public Schools of Boston, etc. With seventy-seven illustrations. Small 8vo, pp. vii, 107. Philadelphia and London: F. A. Davis, 1891.

LACK of physical training is a recognized defect in our educational system. When we consider that a healthy body is not less important than a healthy mind, the necessity of systematic physical education makes itself apparent. Fortunately, courses in physical exercise have been incorporated into the curricula of the schools of some of our cities, and the innovation can only be attended with beneficial results. The most meritorious procedure may, however, be rendered nugatory by faulty or inefficient methods of application. By simplicity of description and generosity of illustration Mr. Nissen has succeeded in placing within the reach of parents and teachers a manual that will greatly facilitate the systematic physical training of children and others, at home and in school. The spirit of the work is most heartily to be encouraged. Only the Swedish system is described. It is considered the best for schools and homes. For colleges, universities, and gymnasias a combination-system is thought better suited.

THE PATHOLOGY AND PREVENTION OF INFLUENZA. By JULIUS ALTHAUS, M.D., M.R.C.P., London, Senior Physician to the Hospital for Epilepsy and Paralysis, Regent's Park. New York: C. P. Putnam's Sons, 1892.

THIS brochure, of some sixty odd pages, is an amplification of a paper on "The Pathology of Influenza," which the author read before the Medical Society of London, during the latter part of 1891. The paper is

devoted to demonstrating (1) that the symptoms of influenza are owing to the action in the system of a special poison secreted by a pathogenous bacillus; (2) that this poison has a special affinity for a definite center of the nervous system, which is irritated and depressed by it; (3) that an antidote to neutralize the effects of the poison is formed in the blood of the patient, and tends to effect a spontaneous cure of the disease; and (4) that the nearest approach to this antidote that we at present possess appears to be animal vaccine-lymph, which should, therefore, be used as a preventive of influenza.

Whilst some of the author's conclusions are based upon theory rather than fact, the work, as a whole, is interesting and instructive. Many novel suggestions are made in the work, of which time and experience alone can test the utility.

THE POCKET PHARMACY, WITH THERAPEUTIC INDEX.
(*A Résumé of the Clinical Applications of Remedies adapted to the Pocket-case, for the Treatment of Emergencies and Acute Diseases.*) By JOHN AULDE, M.D., Member of the American Medical Association, of the Medical Society of the State of Pennsylvania, of the Philadelphia County Medical Society, etc. 12mo, pp. 204. New York: D. Appleton & Co., 1892.

The author states that his work is "in the nature of a plea for smaller doses, to be administered in accordance with physiological deductions," and that it is "the outgrowth of personal experience in general practice." He likewise states that "the book will prove of value when the physician carries a pocket-case, as he will be enabled to exhibit the required medicament at once, instead of waiting for a messenger to obtain it from the nearest pharmacy." The author, furthermore, "believes that it will prove especially useful to the recent graduate, who, while supposed to be intellectually rich, is often technically poor. To write in a proper manner a complicated prescription in the presence of a patient, is likely to cause a mental strain not exceeded in passing the examination in practice or *materias medicae*."

Until our colleges increase their facilities for bedside instruction, and until our States have proper examining boards, there will, indeed, be a large demand for books of this kind. The only addition that we might suggest, in order to render the book still more useful to one unable to withstand the strain of writing a prescription in the presence of a patient, would be some infallible machinery for making a correct diagnosis.

SURGICAL DISEASES OF THE OVARIES AND FALLOPIAN TUBES, INCLUDING TUBAL PREGNANCY. By J. BLAND SUTTON, F.R.C.S. Philadelphia: Lea Bros. & Co., 1892.

THIS book has appeared most opportunely. Hitherto the profession has been furnished with the clinical experiences of various observers, viewed in various lights, according to the fancy of the writer, until considerable confusion has resulted. The writer in this little work has undertaken to present in a concise form the facts and theories collected from the most reliable sources. The pathology of the ovaries and Fallopian tubes is ob-

viously of great importance; the author, with praiseworthy originality of description and arrangement, has attempted a careful exposition of the relation between the clinical and pathologic aspects of the subject.

The chapter on ovarian hydrocele is of special interest, and Part III, devoted to tubal pregnancy, deserves a place in the classic literature of medicine. The simplicity of the author's method of treating this branch has done away with the intricacies of classification and the confusion that belong to the development of a new subject. It is clear that the secret of the author's insight into the subject lies in the care with which he has devoted himself to researches in pathologic and comparative anatomy.

NURSING IN ABDOMINAL SURGERY AND DISEASES OF WOMEN. By ANNA M. FULLERTON, M.D. Philadelphia: P. Blakiston, Son & Co., 1891.

In this work Dr. Fullerton has followed her accustomed clearness and comprehensibility of style. She has furnished a long-desired handbook from which nurses, in their moments of leisure and opportunities for study, can acquire that knowledge that is demanded from them in times of emergency. Every operator has experienced the interruptions and drawbacks that arise during a critical operation from the inefficiency of his assistants. This often comes, not from any want of interest or from negligence on the part of the nurse, but from the want of practicalness in her training. Every nurse, on the other hand, has felt the keen sense of chagrin at finding herself deficient in knowledge which she had thought within her possession, at the moment when she has been most in need of it. Dr. Fullerton has clearly discerned the requirements in the training of nurses for this special work, namely, the inculcation of knowledge that will give an intelligent idea of the work before them, and the insistence upon habits of promptness and forethought. For both the physician and the nurse this book presents the important points in a clear and impressive way. The chapter on asepsis and antisepsis is well written, and brings the subject forcibly to the attention of the pupil-nurse.

ESSENTIALS OF MEDICAL PHYSICS. By FRED. J. BROCKWAY, M.D., Assistant Demonstrator of Anatomy at the College of Physicians and Surgeons, New York. Philadelphia: W. B. Saunders, 1891.

THIS volume is number twenty-two of Saunders's Question Compends, and is intended for use in preparing students for examination in physics. The author has endeavored to compile a work which shall occupy a position midway between the elementary books on the subject, which do not contain all that is necessary for the student to know, and the larger works—such as Ganot's—which are too voluminous to be available as textbooks.

In our opinion, the author has dealt with a subject which to the student is usually surrounded with more or less difficulty, and in a manner that will make the theme not only comparatively easy, but also of interest. Of course, the present volume is but an epitome, and as such its great value is as a supplement to a regular course of lectures or of study, in order that the student

may be enabled to review the salient points of physics in a short time.

The book contains one hundred and fifty-five illustrations, and has a comparatively complete index.

LESSONS IN THE DIAGNOSIS AND TREATMENT OF EYE DISEASES. By CASEY A. WOOD, M.D., Formerly Clinical Assistant, Royal London Ophthalmic Hospital (Moorfields); Microscopist and Pathologist to the Illinois Eye and Ear Infirmary; Professor of Ophthalmology, Post-Graduate Medical School; Oculist and Aurist to the Alexian Brothers Hospital, Chicago. Small 8vo, pp. x, 154. Detroit: George S. Davis, 1891.

CAREFUL reading of this little volume shows us that in it we have a good and well written, though unfortunately unfinished, book. Particularly are to be recommended the terse and comprehensive lessons on Diseases of the Cornea and Sclerotic, and on Glaucoma; while that on the Ocular Affections in General Diseases is worthy the perusal of anyone interested in the subject.

We can unreservedly offer this manual as an excellent companion to freshen the mind of the advanced ophthalmologist, and as a wise counsellor to safely guide the general practitioner and medical student through the mazes and pitfalls of modern ophthalmology.

ESSENTIALS OF MEDICAL ELECTRICITY. By D. D. STEWART, M.D., and E. S. LAWRENCE, M.D. Saunders' Question Compends, No. 23. Pp. 158. Philadelphia: W. B. Saunders, 1892.

THE perusal of this little book is apt to result in a genuine surprise to the reviewer, as the authors have evidently aimed at much more than an artificial aid to cramming. Throughout the whole of the brief space at their command they show evidences of a discriminating knowledge of their subject, and while the work is primarily for undergraduates, the principles are so well presented that it furnishes an excellent introduction to this study in the hands of a practitioner. The details for the treatment of individual diseases have not been slighted, the originality of some of them showing that imprint of experience so often wanting in book-writers. Considering the elementary character of the work there is, nevertheless, entirely too much space devoted to the historical part of the subject, both in the description of cells now unused and in the reproduction of full-page illustrations from a work that was old when the dynamo was discovered.

CORRESPONDENCE.

CHICAGO.

Commencement Exercises of Chicago Medical Colleges—Mortality Statistics of Chicago—The World's Fair and the Medical Profession.

THE forty-ninth annual commencement exercises of Rush Medical College were held at Central Music Hall,

March 29th. It was a memorable gathering, for it was the largest class in the history of "Old Rush," numbering 142. Dr. E. L. Holmes, president of the College, delivered the doctorate address. Professor Roswell Park, of Buffalo, N. Y., was announced as an honorary member of the class.

The exercises of the tenth annual commencement of the College of Physicians and Surgeons were held at the Grand Opera House on the same date. The degrees were conferred by the president of the College, Professor A. Reeves Jackson. The graduating class numbered 42. The doctorate address was delivered by Professor Bayard Holmes.

The twenty-second annual commencement of the Woman's Medical College took place March 28th at Central Music Hall. Dr. Henry Wade Rogers, president of the Northwestern University, conferred the degrees, the graduating class numbering 19. The prizes were distributed and the hospital announcements made by Professor Charles Warrington Earle, dean of the Faculty.

Dr. I. M. Neely, registrar of vital statistics, has prepared his report to the State Board of Health of the number of deaths in Chicago during 1891. The report shows a total of 27,801. Mrs. Rose Armstrong died at the age of 110 years. Joseph Miner was 108 years old at the time of his death. Two others had passed the century mark—Maurice Lee, Catherine Butler, 101. Seventy-eight persons had passed the ninety mark. A list in part of some of the causes of death follows: Pulmonary tuberculosis, 2149; pneumonia, 2744; scarlet fever, 269; typhoid fever, 1946; cholera infantum, 1224; delirium tremens and alcoholism, 141; railroad accidents, 331; other accidents, 621; suicides, 248; homicides, 60; sunstroke, 30; under five years old, 12,886; colored residents, 375.

The World's Fair Entertainment Committee of the Medical Profession of Chicago recently met at the Sherman House. This committee has undertaken preparations for extending hospitality to members of the profession visiting the World's Fair by means of medical headquarters, and in exceptional cases by the giving of banquets and receptions. The following reported themselves as permanently authorized to act for their respective societies: Dr. John E. Owens, Dr. A. E. Hoadley, and Dr. J. B. Murphy, representing the Chicago Medical Society; Dr. Harold N. Moyer, Dr. D. R. Brower, and Dr. C. W. Earle, representing the Practitioners' Club; Dr. William E. Clark, Dr. C. D. Wescott, and Dr. A. H. Foster, the Pathological Society; Dr. J. H. Etheridge, Dr. F. E. Waxham, and Dr. L. L. McArthur, the Gynecological Society; Dr. T. T. Nelson, and Dr. Archibald Church, the Medico-Legal Society; Dr. J. C. Cook, Dr. H. H. Deming, and Dr. Milton F. Coe, the South Side Medical Society; and Drs. Hektoen, Winthrop, and Holmboe, the Scandinavian Medical Society.

NEWS ITEMS.

Marriage of Cousins.—To a correspondent: Does not the editorial in THE MEDICAL NEWS, January 23d, answer your query?

For Poor Sick Children.—The Managers of the Children's Seashore House at Atlantic City desire to extend its benefits to the largest possible number of invalid children. With this object in view they offer to receive, free of charge *during June*, as many bedridden or crippled children from the hospitals, public institutions, and private homes of our city (Philadelphia) and vicinity as their institution will accommodate.

Application for the admission of such children should be made in writing to the "Physician in charge of the Children's Seashore House." Until June 1st his address will be 332 South Fifteenth Street, Philadelphia, and after June 1st, Atlantic City, N. J. Early application is desirable, and no child should be sent to the institution without previous application. The above offer does not include railroad fares.

Railway tickets are sold to patients coming to the institution at the rate of twenty-five cents for children and fifty cents for adults, each way. These can be obtained only by means of the requisitions upon the ticket agents, which are always furnished with the orders for admission.

New Chairs and Professors at the Jefferson Medical College.—The Board of Trustees of the Jefferson Medical College, at their meeting, April 7, 1892, instituted a chair of Clinical Gynecology, with a seat in the Faculty, and elected to the new chair Dr. E. E. Montgomery, who has been for a number of years professor of gynecology in the Medico-Chirurgical College. They also established the following clinical professorships, electing Dr. F. X. Dercum, professor of nervous diseases; Dr. E. E. Graham, professor of children's diseases; Dr. H. Augustus Wilson, professor of orthopedic surgery; Dr. H. W. Stelwagon, professor of dermatology; and Dr. W. M. L. Coplin, adjunct professor of hygiene.

Public Baths in Boston.—The *Boston Medical and Surgical Journal* states that a company, to be known as the Boston Bath-house Company, is soon to be incorporated to establish baths for the poor of Boston, following the steps of the chief European cities and the recently established People's Baths in New York. There is already a small establishment of this kind in Boston, where, during the first year, 3000 men, women, and children made use of it. It is hoped that after the baths are established they will be self-supporting. About \$40,000 are needed for the establishment of the institution.—*Medical Record*.

The Medical Association of Georgia will hold its forty-third annual session at Columbus, Ga., April 20, 21, and 22, 1892. An interesting program is announced. Members of the medical profession are cordially invited to attend the session. Dr. G. W. Mulligan, of Washington, Ga., is the president of the Association; Dr. Dan. H. Howell, of Atlanta, secretary.

The Association of the Alumni of the Medical College of the State of South Carolina was organized at Charleston on March 11th, with the object of increasing the usefulness of the College, of establishing a well-equipped laboratory for instruction in biology and pathology, of cultivating a spirit of professional amity, and of endeavoring to uphold the highest standard of medicine. Dr. Eugene

Wasdin, of the U. S. Marine-Hospital Service, was elected president, and Dr. C. B. Calson, of Charleston, secretary and treasurer.

The Iowa State Medical Society will hold its forty-first annual session at Des Moines, May 18, 19, and 20, 1892. A large number of papers in the various departments of medicine is announced. Dr. George F. Jenkins, of Keokuk, is the president and Dr. J. W. Cokenover, of Des Moines, secretary.

Obituary.—Dr. JOHN S. STEWART, of Philadelphia, the son of Dr. Samuel S. Stewart, of Allegheny City, Pa., died on April 11th of pulmonary tuberculosis, at the residence of his uncle, Dr. Wm. S. Stewart. Dr. Stewart was born in Allegheny County, Pa., November 19, 1864. He was educated at the Western University and at the Medico-Chirurgical College, of Philadelphia, graduating at the latter institution with the highest honors of his class in 1885. He had endeared himself to his many patients and friends by a manliness and gentlemanliness and a combination of courtesy and self-respect rarely found. He was a successful and an exceptionally skilled ophthalmologist.

BOOKS AND PAMPHLETS RECEIVED.

The Mediterranean Shores of America. Southern California: Its Climatic, Physical, and Meteorological Conditions. By P. C. Remondino, M.D. Fully illustrated. Philadelphia and London: F. A. Davis & Co., 1892.

Diseases of the Throat, Nose, and Ear: A Clinical Manual for Students and Practitioners. By P. McBride, M.D., F.R.C.P. Ed. Illustrated in colors, from original drawings. Philadelphia: P. Blakiston, Son & Co., 1892.

The Pathology and Prevention of Influenza. By Julius Althaus, M.D., M.R.C.P. Lond. New York: G. P. Putnam's Sons, 1892.

Tenotomy, by Open and Subcutaneous Incision. By H. Augustus Wilson, M.D. Reprint, 1892.

Clinical Lecture on Tenotomy. By H. Augustus Wilson, M.D. Reprint, 1892.

The Pathology of Hip-joint Disease, with Illustrative Cases. By H. Augustus Wilson, M.D. Reprint, 1892.

Subacute Recurrent Multiple Neuritis. By J. T. Eskridge, M.D. Reprint, 1892.

Some Points in the Diagnosis and Nature of Certain Functional and Organic Nervous Diseases. By J. T. Eskridge, M.D. Reprint, 1892.

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